

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 THIS NOTICE CAREFULLY.

Your health information is personal, and we are committed to preserving the confidentiality of your health information created or maintained at our Medical Center. Your health information is also very important to our ability to provide you with quality care, and to comply with certain laws. This Notice applies to all records about your care that occurs at our facility, whether the records are created by Medical Center personnel or by your physician.

Your physician and/or health plan may have different policies and a different notice regarding your health information that is created in the physician's office and/or at the offices of the health plan.

We Are Legally Required to Safeguard Your Protected Health Information.

We are required by the Health Information Portability and Accountability Act (HIPAA) a federal law as well as state laws to: maintain the privacy of your confidential health information, also known as "protected health information" or "PHI"; and provide you with this Notice of our duties and privacy practices regarding your health information.

Future Changes to Our Practices and This Notice:

We reserve the right to revise this Notice and make the revision apply to your health information that we created or received prior to the effective date of this revision. You may obtain a copy of any revised Notice by contacting Parkview Medical Center's Privacy Officer at 719-584-4240. We will also make any revised Notice available in our Admissions Department.

How We May Use and Disclose Your Protected Health Information:

The law requires us to have your authorization for some uses and disclosures. In other circumstances, the law allows us to use or disclose PHI without your authorization. The Medical Center is permitted to use your PHI without your authorization in the following circumstances:

Treatment. Without your authorization, we may use or disclose your PHI to provide treatment to you. For example, we may disclose your PHI to physicians, nurses, and other health care personnel who are involved in your care. We will record results of examinations, observations or tests in your medical record. This information may be shared with specialist caregivers; other hospitals or diagnostic laboratories, to assist them as they provide care to you.

The Medical Staff Membership participates with Parkview Medical Center in an Organized Health Care Arrangement to provide care to you within our facility. Our Notice of Privacy Practices serves as a single joint notice for both the facility and the practitioner, when you arrive for treatment or hospitalization at our facilities.

Payment. Without your authorization, we may also use or disclose your PHI to your insurance carrier in order to secure payment for treatment provided to you. For example, we may use your PHI to create the bills that we submit to the insurance company, or we may disclose certain portions of your PHI to our business associates who perform billing, claims processing or collections services for us.

Health Care Operations. Without your authorization, we may also use or disclose your PHI in order to operate this facility. For example, we may use your PHI to evaluate the quality of care you received from us, or to evaluate the performance of those involved with your care.

Appointment Reminders. We may also use and disclose your PHI to contact you as a reminder that you have an appointment for treatment at our facility, to tell you about or recommend possible treatment options, or about health-related benefits or services that may interest you.

Business Associates. We will use and disclose your health information to certain "Business Associates" that assist us with the performance of administrative and other tasks in operating our facility; for example, the Colorado Health & Hospital Association or Joint Commission on Accreditation for Healthcare Organizations for hospital accreditation. We may provide your PHI to our accountants and other consultants to make sure we are complying with the laws that affect us. These Business Associates are obligated to limit their use and disclosure of PHI to that which is permitted under HIPAA.

Fundraising. We may also provide your contact information (such as name, address and phone number) and the dates you received services from us, to the Parkview Foundation, which helps us with our fundraising efforts. If you are contacted in our fundraising effort, you will have the opportunity to opt out of receiving future fundraising communications from us.

Certain Uses and Disclosures Do Not Require Your Authorization.

Though you may request us to restrict disclosure of the following, the law requires or permits us to disclose PHI without your authorization in the following circumstances:

When Required by Law. We will disclose PHI when we are required to do so by federal or state law.

For Public Health Activities. For example, we disclose PHI when we report suspected child abuse, the occurrence of certain communicable diseases, or adverse reactions to a drug or medical device.

For Reports About Victims of Abuse, Neglect or Domestic Violence. We will disclose your PHI in these reports only if we are required or authorized by law to do so, or if you otherwise agree.

To Health Oversight Agencies. We will provide PHI as requested to government agencies that have authority to audit or investigate our operations.

For Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a subpoena or other lawful request. The Medical Center will require assurance that reasonable efforts have been made to notify you about the subpoena and that you have had an opportunity to object to the request.

To Law Enforcement. We may release PHI if asked to do so by a law enforcement official, in the following circumstances: (a) in response to a court order, subpoena, warrant, summons or similar process; (b) to identify or locate a suspect, fugitive, material witness or missing person; (c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (d) about a death we believe may be due to criminal conduct; (e) about criminal conduct at our facility; and (f) in emergency situations, to report a crime, its location or victims, or the identity, description or location of the person who committed the crime.

For Deceased Individuals. We may disclose PHI to Coroners, Medical Examiners and Funeral Directors to facilitate their duties.

To Organ Procurement Organizations. We may disclose PHI to facilitate organ donation and transplantation if you have otherwise actually consented to the organ transplantation or donation.

For Medical Research. We may disclose your PHI without your authorization to medical researchers who request it for approved medical research projects; however, with very limited exceptions such disclosures must be cleared through a special approval process before any PHI is disclosed to the researchers, who will be required to safeguard the PHI they receive. In most cases, the information we share with researchers will be de-identified to protect patient confidentiality as practicable.

For Specialized Government Functions. For example, we may disclose your PHI to authorized federal officials for intelligence and national security activities that are authorized by law, or so that they may provide protective services to the President or foreign heads of state or conduct special investigations authorized by law.

To Avert a Serious Threat to Health or Safety. We may disclose your PHI to someone who can help prevent a serious threat to your health and safety or the health and safety of another person or the public.

Inmates and Persons in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your health information to the correctional institution or to law enforcement personnel as may be necessary.

To Workers' Compensation or Similar Programs. We may provide your PHI to these programs in order for you to obtain benefits for work-related injuries or illness.

Disaster Relief. We may also disclose your PHI to persons performing disaster relief notification activities.

Uses and Disclosures Requiring Only Your Oral Agreement:

Under certain circumstances, we may use or disclose your health information, if we inform you in advance and you have the opportunity to agree or object.

People involved in your care. We may disclose your health information to people who are involved in your care or help pay for your care, such as family members, close personal friends, or any other person identified by you.

Sometimes, we may reasonably infer from the circumstances that you agree to the use or disclosure of your health information to the people involved in your care. For instance, if you bring your spouse into an examination room or allow them to remain in your patient room when treatment is being discussed, we will reasonably infer that you agree to the disclosure of your health information to your spouse.

Uses and Disclosures That Require Us to Give You the Opportunity to Object:

Patient Directory. If you do not object, we may include your name, location in our facility and general condition in the patient directory that we use when responding to requests by those who ask for you by name. If you do not object, we also disclose information from the directory and your religious affiliation to clergy who visit the facility. Changes to your status in our facility directory will be made during the next internal computer update and may take up to 24 hours to accommodate.

Unless you object, we may provide relevant portions of your PHI to a family member, friend or other person you indicate is involved in your health care or in helping you get payment for your health care.

In an emergency or when you are not capable of agreeing or objecting to these disclosures, we will disclose PHI as we determine is in your best interest, but will tell you about it later, after the emergency, and give you the opportunity to object to future disclosures to family and friends.

Other Uses and Disclosures of Your Protected Health Information.

Other uses and disclosures of your PHI that are not covered by this Notice or the laws that apply to us will be made only with your written authorization. An authorization is for a specified duration of time, typically one year, and will expire after that time. If you give us written authorization for a use or disclosure of

your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclose your PHI for the purposes specified in the written authorization, except that we are unable to take back any disclosures we have already made with your permission.

Your Rights Related to Your Protected Health Information.

You have the following rights:

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us to limit how we use and disclose your PHI, as long as you are not asking us to limit uses and disclosures that we are required or authorized to make to the Secretary of the Federal Department of Health Services or any of the disclosures permitted under HIPAA. Any such request must be submitted in writing to our Privacy Officer. We are not required to agree to your request. If we do agree, we will respond in writing and will abide by the agreement except when you require emergency treatment.

The Right to Choose How We Communicate With You.

You have the right to ask that we send information to you at a specific address (for example, at work rather than at home). We shall agree to your request as long as it would not be disruptive to our operations to do so. You must make any such request at the time of Admission or later in writing, addressed to our Privacy Officer.

The Right to See and Copy Your PHI.

Except for some limited circumstances, you may look at and copy your PHI if you ask in writing to do so. Any such request must be addressed to our Health Information Services Department, which will respond to your request within 30 days (or 60 days if the extra time is needed in the judgment of the Health Information Services Department). In certain situations we may deny your request, but if we do, we will explain in writing the reasons for the denial and advise of your right to have the denial reviewed. If you ask us to copy your PHI, we will charge you in accordance with Colorado Department of Public Health and Environment Rules and Regulations.

The Right to Correct or Amend Your PHI.

If you believe that the PHI we have about you is incomplete or incorrect, you may ask us to amend it. Any such request must be made in writing and must be addressed to our Health Information Services Department, and must tell us why you think the amendment is appropriate. We will not process your request if it is not in writing or does not tell us why you think the amendment is appropriate. We will act on your request within 60 days (or 90 days if the extra time is needed in the judgment of the Health Information Services Department), and will inform you in writing as to whether the amendment will be made or denied. If we agree to make the amendment, we will ask you to advise us of whom else you would like us to notify of the amendment.

We may deny your request for amendment if you ask us to amend information that:

- was not created by us;
- is not part of the PHI we keep about you;
- is not part of the PHI that you would be allowed to see or copy; or
- is determined by us to be accurate and complete.

If we deny the requested amendment, we will tell you in writing how to submit a statement of disagreement or to request inclusion of your original amendment request in your medical record.

The Right to Get a List of the Disclosures We Have Made.

You have the right to get a list of disclosures of your PHI made by the Medical Center during the last six years commencing April 14, 2003. The list will not include disclosures we have made for our treatment, payment and health care operations purposes, those made directly to you or your family or friends or through our facility directory, or for disaster notification purposes. Neither will the list include disclosures made before the HIPAA Privacy Rule Compliance date of April 14, 2003.

Your request for a list of disclosures must be made in writing and be addressed to our Health Information Services Department. We will respond to your request within 60 days (or 90 days if the extra time is needed in the judgment of the Health Information Services Department). The list we provide will include disclosures made within the last six years unless you specify a shorter period. The first list you request within a 12-month period will be free. You will be charged our costs for providing any additional lists within the 12-month period.

The Right to Get a Paper Copy of This Notice.

You will be given a copy of this notice upon your first admission to Parkview Medical Center after April 14, 2003. Following that initial admission, you may obtain a paper copy of this Notice by contacting the Privacy Help Line at 719-584-4240. This Notice is also available in our Admissions Department.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with Parkview or with the Secretary of the Department of Health and Human Services. To file a complaint with Parkview, please put your complaint in writing and address it to our Privacy Officer at 400 W. 16th St., Pueblo, CO 81003 or by phoning the Privacy Help Line at 719-584-4240. We will not retaliate against you for filing a complaint. You may also contact our Privacy Officer if you have questions or comments about our privacy practices.

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