

Our Uses and Disclosures continued

- **Medication history**

We may access and share your medication history with other healthcare providers who may need access in order to provide your care or treatment. We may electronically access and disclose prescription information to these providers. I.e.: To improve your safety and quality of care, such as preventing potentially harmful drug interactions or intolerances.

- **Research**

Disclosing information related to a health research project.

- **Special government circumstances**

Involving military or veteran's activities; national security and intelligence activities; protective services for the President; medical suitability determinations; law enforcement custodial situations; and government programs providing public benefits.

- **Military command authorities**

If you are a member of the armed forces or foreign military personnel, to send to appropriate foreign military authorities.

- **Prison inmates**

Information can be released to the correctional facility in which the inmate resides. I.e.: For the correctional facility to provide the inmate with health-care; to protect the health and safety of the inmate or the health and safety of others; or for the safety and security of the correctional facility.

- **Business associates**

We can use and disclose your health information to our business associates to perform certain business functions or provide certain business services to HRRMC. I.e.: We may use another company to perform billing claims and other services on our behalf. All of our business associates are required to maintain the privacy and confidentiality of your health information.

## ■ OUR RESPONSIBILITIES

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

### ■ Changes to this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The most recent copy of this notice will be on our website at [hrrmc.com](http://hrrmc.com) and posted in prominent areas in our facilities. You can also contact the HRRMC Privacy Officer to obtain the most recent copy of this notice.

**May 2020** — This Notice of Privacy Practices applies to Heart of the Rockies Regional Medical Center, Clinics, and physicians on the staff of Heart of the Rockies Regional Medical Center.



### Privacy Notice Contact:

Privacy Officer

Heart of the Rockies Regional Medical Center  
1000 Rush Drive, P.O. Box 429, Salida, CO 81201  
(719) 530-2286 • [privacyofficer@hrrmc.org](mailto:privacyofficer@hrrmc.org)

# Notice of Privacy Practices



## 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:

- Obtain an electronic or paper copy of your medical record
- Ask us to correct your medical record
- Request confidential communications
- Ask us to limit the information we share
- Obtain a list of those with whom we've shared your information
- Be notified of an information breach
- Choose someone to act on your behalf
- Receive a copy of this privacy notice
- File a complaint if you believe your privacy rights have been violated

### YOUR CHOICES

#### You can choose the way that we use and share your information;

- Share information with your family, close friends, or others involved with your care
- Share information in a disaster relief situation
- Include your information in a facility directory
- Share sensitive health information
- Market our services
- Conduct fundraising

### OUR USES AND DISCLOSURES

#### We may use and share your information as we:

- Provide treatment
- Run our organization
- Bill for your services
- Help with disaster and emergency incidents
- Help with public health and safety issues
- Comply with the law
- Work with the medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to organ and tissue donation requests



## PROTECTION OF PROTECTED HEALTH INFORMATION (PHI)

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Heart of the Rockies Regional Medical Center (HRRMC) is required by law to keep protected health information (PHI) private. PHI is any health information that identifies you, including information such as your name, address, telephone number, and any information created by your healthcare providers for treatment, payment, or health care operations. HRRMC is committed to the protection of your PHI and will make reasonable efforts to keep your PHI confidential as required by law. HRRMC is also required to provide you with this notice of our privacy practices. We take this commitment seriously and will work with you to comply with your right to receive certain information under HIPAA.

## UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

This notice applies to the records of your care at all HRRMC locations and will tell you about the ways in which we may use and disclose your medical information. This notice will also describe your rights and certain obligations HRRMC has regarding the use and disclosure of medical information.

### ■ YOUR RIGHTS

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

#### ■ Obtain an electronic or paper copy of your medical record

- You can ask to review and have a copy of your medical record in paper or electronic format, such as e-mail, or on a USB flash drive.
- You must submit your request in writing by completing the "Authorization for Use and Disclosure of PHI" form available at [hrrmc.com](http://hrrmc.com) under "Patients & Visitors," and you may request the form be mailed, e-mailed or faxed to you. Call the HRRMC Medical Records Department at 719-530-2285 for more information.
- We will provide a copy or a summary of your health information, normally not to exceed 10 calendar days from the date of your request. We may charge a reasonable cost-based fee.

#### ■ Ask us to correct your medical record

- You can ask us to correct any of your health information that you think is inaccurate or incomplete.
- Your request must be in writing, sent to the Privacy Officer using the information at the end of this notice, and must give a reason in support of the proposed amendment.
- We may deny your request, but we will explain why in writing within 60 days. I.e.: HRRMC may deny your request if the information you want to amend is accurate and complete, or if it was not created by HRRMC.



#### ■ Request confidential communications

- You may ask us to contact you in a specific way. I.e.: You may only want to receive your PHI by alternative means or at an alternative location.
- We will agree to all reasonable requests.

#### ■ 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 say "yes" 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.

#### ■ Obtain a list of those with whom we've shared your information

- You can ask for a list (accounting of disclosures) of the times we've shared your health information for six (6) years prior to the date you ask, who we shared it with, and why.
- We will include all of the disclosures except for those about treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year free, but may charge a reasonable cost-based fee if you request more than one within 12 months.

#### ■ Be notified of an information breach

- You have the right to be notified in the event that HRRMC (a Business Associate) discovers a breach of the release of your protected health information. I.e.: Unauthorized or inadvertent release of your PHI.

#### ■ Choose someone to act for you

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

#### ■ Receive 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.
- You may also view the most recent version of this notice on our website.

#### ■ File a complaint if you believe your privacy rights have been violated

- Protecting your confidential information is extremely important to us. If you believe your privacy rights have been violated, please contact us using the information at the end of this notice so we may investigate and try to correct the problem.
- You can file a complaint 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 visiting [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.

### ■ YOUR CHOICES

**For certain health information, you can dictate 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. Tell us what you want us to do, and we will follow your instructions.

#### ■ 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 facility directory. Directory information includes your name, location in the hospital, and your general condition. We may disclose facility directory information to people who ask for you by name, which may include your name, room number and general condition. I.e.: Good, critical, etc. If you do not wish to be listed in our facility directory, please let the registrar or your nurse know as soon as possible.

*If you are not able to tell us your preference (i.e., 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 your health or safety.*

#### ■ In the following cases, we never share your information, unless you give us written permission

- Marketing purposes
- Most sharing of psychotherapy notes

#### ■ In the case of fundraising

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

### ■ OUR USES AND DISCLOSURES

**How do we typically use or share your health information?** We may, without your written permission, use your health information within our organization and share or disclose your health information to others outside of HRRMC in the following ways:

#### ■ Treatment: We can use your health information and share it with other professionals who are treating you.

- HRRMC may disclose your medical information to those involved in your treatment on an as-needed basis. I.e.: We may share medical information with healthcare providers across all HRRMC locations or when a non-HRRMC provider is treating you and asks an HRRMC provider about your overall health condition.

#### ■ Health care operations

- We can use and disclose your health information to run our organization, improve your care and contact you when necessary. I.e.: We use health information to manage your treatment and services, including contacting you to remind you that you have an appointment for medical care. We may also disclose information to assist us in evaluating our performance in providing your health care.

#### ■ Payment

- We can use and share your health information to bill and get payment from health plans or other entities. I.e.: We may send health information about you to your health insurance provider so it will pay for your services. We may also disclose your information to other providers for their payment activities.

#### ■ How else can we use or share your health information?

We are allowed or required to share your information without your permission in other ways – usually in ways that contribute to the public good, such as for 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, visit: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

#### ■ Disaster and emergency incidents

We may share information as necessary, and if in your best interest to identify, locate, and notify family members, members, guardians, or anyone else responsible for your care. I.e.: We may share your location, general condition, or death with law enforcement, the media, or the public at large to the extent necessary to help locate, identify, or otherwise notify family members and others as to your location and general condition.

#### • Public or private entities

We may provide information to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts. I.e.: We may share information with the American Red Cross for the purpose of notification of family and/or friends of your location and condition.

#### • Prevention of an immediate health or safety threat

To prevent an immediate threat to the health or safety of the public, limited health information may be disclosed if necessary.

#### • Law enforcement

Cooperating with law enforcement officials for law enforcement purposes. I.e.: When required by law; for identification and location purposes; if you are suspected to be a victim of a crime; to report suspicion of death by criminal conduct; to report suspicion of criminal conduct occurring on the grounds of our facilities; and in the case of an emergency.

#### • Public health activities

To prevent or control disease, report birth or death, and for the purpose of public health investigations, interventions, and other related matters.

#### • Government authorities

Reporting medical information as required by law about persons who may be victims of abuse, neglect or domestic violence.

#### • Oversight activities

Reporting information to agencies that oversee insurance health benefit programs for the purpose of audits, investigations, inspections, or other activities.

#### • Workers' Compensation

Disclosing information necessary to comply with Workers' Compensation laws or purposes.

#### • Administrative proceedings

Releasing information in response to a court order or subpoena in a judicial or administrative proceeding.

#### • Coroner, Medical Examiner, Funeral Director

Releasing information to a coroner, medical examiner, or funeral director in the event of your death.

#### • Organ and tissue donation

Sharing information with organ and tissue donation organizations in the event of your death.