



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 IT CAREFULLY.

We are committed to protecting the confidentiality of your medical information, and are required by law to do so. This notice describes how we may use your medical information within the Hospital and Wellness Center, (WCH) and how we may disclose it to others outside of our organization. This notice also describes the rights you have concerning your own medical information. Please review it carefully and let us know if you have questions.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

Treatment: We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, we will allow your physician to have access to your medical record to assist in your treatment and for follow-up care.

We also may use and disclose your medical information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.

Patient Directory: In order to assist family members and other visitors in locating you while you are in the Hospital, we maintain a patient directory that includes your name and room number. We will disclose this information to someone who asks for you by name, unless you instruct us not to.

Family Members and Others Involved in Your Care: We may disclose your medical information to a family member or friend who is involved in your medical care. We also may disclose your medical information to disaster relief organizations to help locate a family member or friend in a disaster.

Payment: We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment.

Facility Operations: We may use and disclose your medical information if it is necessary to improve the quality of care we provide to patients or to run WCH. We may use your medical information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example, we may look at your medical record to evaluate whether WCH personnel, your doctors, or other health care professionals did a good job.

Many of our patients like to make contributions to WCH. The Hospital, Wellness Center, or its foundation may contact you in the future to raise money. If you do not want WCH or its foundation to contact you for fundraising, please notify Administration in writing.

Research: We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

Required by Law: Federal, state, or local laws sometimes require us to disclose patients' medical information. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to the Arizona Workers' Compensation Program for work-related injuries.

Public Health: We also may report certain medical information for public health purposes. For instance, we are required to report births, deaths, and communicable diseases to the State of Arizona. We also may need to report patient problems with medications or medical products to the FDA, or may notify patients of recalls of products they are using.

Public Safety: We may disclose medical information for public safety purposes in limited circumstances. We are required to disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at WCH. We also may disclose your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

Health Oversight Activities: We may disclose medical information to a government agency that oversees the WRHC or its personnel, such as the Arizona Department of Health Services, the federal agencies that oversee Medicare, the Board of Medical Examiners or the Board of Nursing. These agencies need medical information to monitor our compliance with state and federal laws.

Coroners, Medical Examiners and Funeral Directors: We may disclose medical information concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

Organ and Tissue Donation: We may disclose medical information to organizations that handle organ, eye or tissue donation or transplantation.

Military, Veterans, National Security and Other Government Purposes: If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose medical information to federal officials for intelligence and national security purposes or for presidential Protective Services.

Judicial Proceedings: We may disclose medical information if we are ordered to do so by a court or if we receive a subpoena or a search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

Information with Additional Protection: Certain types of medical information have additional protection under state or federal law. For instance, medical information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness is treated differently than other types of medical information. For those types of information, we are required to get your permission before disclosing that information to others in many circumstances.

Other Uses and Disclosures: If we need to use or disclose your medical information for a purpose that is not discussed in this Notice, we will seek your permission. If you give your permission to WCH, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information. If you would ever like to revoke your permission, please notify the Manager of Medical Records in writing.

WHAT ARE YOUR RIGHTS?

Right to Request Your Medical Information: You have the right to look at your own medical information and to get a copy of that information. (The law requires us to keep the original record.) This includes your medical record, your billing record, and other records we use to make decisions about your care. To request your medical information, write to the Medical Records Department. If you request a copy of your information, we will charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost.

Right to Request Amendment of Medical Information You Believe Is Erroneous or Incomplete: If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record by putting your request in writing and submitted to the Manager of Medical Records.

Right to Get a List of Certain Disclosures of Your Medical Information: You have the right to request a list of many of the disclosures we make of your medical information. If you would like to receive such a list, write to the Manager of Medical Records. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

Right to Request Restrictions on How WCH Will Use or Disclose Your Medical Information for Treatment, Payment, or Health Care Operations: You have the right to ask us not to make uses or disclosures of your medical information to treat you, to seek payment for care, or to operate the facility. We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request a restriction, write to the Manager of Medical Records and describe your request in detail.

Right to Request Confidential Communications: You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, please contact the Manager of Medical Records. You can also ask to speak with your health care providers in private outside the presence of other patients.

CHANGES TO THIS NOTICE

From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current notice of Privacy Practices at any time by contacting the Admitting Department.

WHICH HEALTH CARE PROVIDERS ARE COVERED BY THIS NOTICE?

This Notice of Privacy Practices applies to the Hospital, Wellness Center, and its personnel, volunteers, students, and trainees. The notice also applies to other health care providers that come to WCH to care for patients, (such as physicians, physician assistants, therapists, other health care providers not employed by the Hospital, emergency service providers, medical transportation companies, and medical equipment and suppliers who come to the WCH), unless these other health care providers give you their own Notice that describes how they will protect your medical information. We may share your medical information with these providers for treatment purposes, to get paid for treatment, or to conduct health care operations. These health care providers will follow this notice for information they receive about you from WCH. These other health care providers may follow different practices at their own offices or facilities.

IF YOU HAVE CONCERNS OR COMPLAINTS

Please tell us about any problems or concerns you have with your privacy rights or how the Hospital uses or discloses your medical information. If you have a concern, please contact the Privacy Officer at (928) 684-5421.

If for some reason we cannot resolve your concern, you may also file a complaint with the Office of Civil Rights. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

Effective date: April 14, 2003

SIGNATURE _____

DATE _____