

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have questions about this notice, please contact C.J. Hansen by phone at 928-645-9675 ext. 5555, or email: c.hansen@cchcaz.org

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION:

We understand that Protected Health Information about you and your health is personal. We are committed to protecting Protected Health Information about you. This notice will tell you about the ways in which we may use and disclose Protected Health Information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of Protected Health Information.

OUR OBLIGATIONS:

We are required by law to maintain the privacy of protected health information, give you this notice of our legal duties and privacy practices regarding health information about you, and follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU:

The following describes the ways we may use and disclose health information that identifies you ("Protected Health Information"). Except for the purposes described below, we will use and disclose Protected Health Information only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer.

- ◆ **For Treatment:** We may use Protected Health Information about you to provide you with medical treatment or services. We may disclose Protected Health Information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. We also may disclose Protected Health Information about you to people outside Canyonlands Healthcare who may be involved in your medical care, such as family members, clergy or others we use to provide services that are part of your care.
- ◆ **For Payment:** We may use and disclose Protected Health Information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company or a third party that may be responsible for costs such as family members. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- ◆ **For Health Care Operations:** We may use and disclose Protected Health Information about you for health care operation purposes. These uses and disclosures are necessary to run Canyonlands and make sure that all of our patients receive quality care. We may remove information that identifies you from this set of Protected Health Information so others may use it to study health care and health care delivery without learning who the specific patients are. If Canyonlands is sold, transfers assets to consolidates, or merges with another entity who is or will be a covered entity upon completion of the transaction, to use and disclose protected health information when transferring records as part of the transaction.
- ◆ **Appointment Reminders:** We may use and disclose Protected Health Information to contact you as a reminder that you have an appointment for treatment or medical care.
- ◆ **Treatment Alternatives:** We may use and disclose Protected Health 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 Protected Health Information to tell you about health-related benefits or services that may be of interest to you.
- ◆ **Fundraising Activities:** We may use Protected Health Information about you to contact you in an effort to raise money for Canyonlands Healthcare and its operations. As our patient you have the right to opt out of communications for fundraising purposes.
- ◆ **Research:** Under certain circumstances, we may use and disclose Protected Health Information about you for research purposes. All research projects, however, are subject to a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.
- ◆ **Food and Drug Administration (FDA) Regulated Products and Activities:** Canyonlands may disclose Protected Health Information to a person subject to the jurisdiction of the FDA for public health purposes related to the quality, safety, or

effectiveness of FDA regulated products or activities such as collecting or reporting adverse events, dangerous products, and defects or problems with FDA regulated products.

- ◆ **As Required By Law:** We will disclose Protected Health Information about you when required to do so by federal, state or local law.
- ◆ **To Avert a Serious Threat to Health or Safety:** We may use and disclose Protected Health Information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- ◆ **Health Oversight Activities:** We may disclose Protected Health 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.
- ◆ **Public Health Risks:** We may disclose Protected Health Information about you for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and 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.
- ◆ **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information about you in response to a court or administrative order. We may also disclose Protected Health Information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- ◆ **Coroners, Medical Examiners and Funeral Directors:** We may release Protected Health 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 Protected Health Information about patients to funeral directors as necessary to carry out their duties.
- ◆ **Inmates or Individuals in Custody:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Protected Health 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.
- ◆ **Business Associates:** We may disclose Protected Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- ◆ **Organ and Tissue Donation:** If you are an organ donor, we may use or release Protected Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.
- ◆ **Military and Veterans:** If you are a member of the armed forces, we may release Protected Health Information as required by military command authorities. We also may release Protected Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- ◆ **Workers' Compensation:** We may release Protected Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- ◆ **Data Breach Notification Purposes:** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your Health Information.
- ◆ **Law Enforcement:** We may release Protected Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- ◆ **National Security and Intelligence Activities:** We may release Protected Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- ◆ **Protective Services for the President or Others:** We may disclose Protected Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

- ◆ **Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- ◆ **Disaster Relief:** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information; and
3. Uses and disclosures of psychotherapy notes.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

- ◆ **Right to Inspect and Copy:** You have the right to inspect and copy Protected Health Information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy Protected Health Information that may be used to make decisions about you, you must submit your request in writing to Canyonlands Healthcare. We have 30 days to make your Protected Health Information available to you or 60 days if the records are not onsite. 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. If the patient requests to review the original medical record, a health care professional shall be in attendance to offer explanation, clarification of questions the patient may have and to maintain integrity of the medical chart. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to Protected Health Information, you may request that the denial be reviewed. Another licensed health care professional chosen by Canyonlands will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- ◆ **Right to an Electronic Copy of Electronic Health Records:** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
- ◆ **Right to Get Notice of Breach:** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- ◆ **Right to Amend:** If you feel that Protected Health 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 Canyonlands Healthcare. To request an amendment, your request must be made in writing and submitted to the Chief Medical Officer of Canyonlands Healthcare. 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 for to amend due to special circumstances.
- ◆ **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of Protected Health Information about you. To request this list or accounting of disclosures, you must submit your request in writing to Canyonlands Healthcare. 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, 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. Canyonlands will provide the requested accounting no later than 60 days from the date that it receives a request for an accounting.

- ◆ **Right to Request Restrictions:** You have the right to request a restriction or limitation on the Protected Health 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 Protected Health 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. **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 Canyonlands Healthcare. 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.
- ◆ **Out of Pocket Payments:** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information, with respect to that item or service, not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- ◆ **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 Canyonlands Healthcare. 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 ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.canyonlandshc.org.

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 Protected Health Information we already have about you as well as any information we receive in the future. The notice will contain on the first page, in the lower right-hand corner, the effective date. In addition, each time you register at Canyonlands Healthcare for treatment or health care services, you may request a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Canyonlands Healthcare or with the Secretary of the Department of Health and Human Services. To file a complaint with Canyonlands Healthcare, contact the Chief Operating and Privacy Officer, (928) 645-9675 ext. 5555. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of Protected Health Information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose Protected Health Information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose Protected Health 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 permission, and that we are required to retain our records of the care that we provided to you.