

South Central Colfax County Special Hospital District

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003,
as amended April 30, 2008

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.



www.phs.org

Presbyterian serves to improve the health of individuals, families and communities.



Dear Valued Customer:

A federal law called the Health Insurance Portability and Accountability Act of 1996 requires us to give you this *Notice of Privacy Practices*. This Notice tells you about your rights and explains how we protect the privacy of your health information.

You may read this Notice now or at another time. This Notice explains:

- The ways that we use and share health information about you;
- When your health information may be used and shared without your permission. For example:
 - To provide healthcare treatment to you;
 - To pay or receive payment for healthcare services provided to you;
 - To operate our business; or
 - For other reasons described in this Notice.

Also, this Notice explains your health information rights, including:

- Your right to receive this Notice;
- Your right to receive your health information at a different telephone number, mailing address or other location;
- Your right to ask us to limit, or restrict, our use and sharing of your health information;
- Your right to see and get a copy of most health information about you;
- Your right to ask that we correct your health information in our records (if you think the information is not correct);
- Your right to receive a report that shows (with some exceptions) when your health information was used and shared without your permission; and
- Your right to file a complaint if you think your privacy rights have been violated.

At South Central Colfax County Special Hospital District, we are serious about protecting your privacy. We encourage you to read this Notice, and we ask that you keep this copy for your records. If you have questions about this Notice or would like more information about our privacy practices, please call us at (505) 923-8544.

Sincerely,

A handwritten signature in black ink that reads "Jackson R. Ellison".

Jackson R. Ellison
Vice President of Corporate Compliance and Chief Privacy Officer

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003
as amended April 30, 2008

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.

The privacy practices of the South Central Colfax County Special Hospital District (“SCCCSHD”) and others that participate in organized health care arrangements with SCCCSHD are described in this *Notice of Privacy Practices*. Health information about you is contained in records that are the property of SCCCSHD, but the information in those records belongs to you. This Notice will help you better understand how we protect the privacy of your health information.

HOW WE PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

- Whenever possible, we use or share health information that doesn’t identify you.
- We have policies and procedures to protect the privacy of health information that does identify you.
- Your health information is only used or shared for SCCCSHD business purposes or as otherwise required or allowed by law.
- When a service involving your health information is being performed by a third party for SCCCSHD, we require a written agreement to protect the privacy of your health information.
- We have a training program to educate our employees and others about our privacy policies.

OUR RESPONSIBILITIES

- We are required by law to protect the privacy of your health information.
- We must provide patients, except inmates, with a notice that describes our legal duties and privacy practices regarding health information.
- We must follow the terms of the most current *Notice of Privacy Practices*.
- We are required to ask you for a written acknowledgement that you received our *Notice of Privacy Practices*.
- We must agree to reasonable requests to communicate health information to you in a certain way or at a certain location.
- We must tell you if we cannot agree to your request to limit our use or sharing of your health information.

YOUR HEALTH INFORMATION RIGHTS

The rights described below are subject to some limitations and conditions.

Legal Authority to Make Health Care Decisions for Minors or Others. Usually, the health information rights described in this Notice may be given to a person with legal authority to make health care decisions for a child or other person (for example, a parent or legal guardian). There are exceptions. For example, in New Mexico some health care services can be provided to a minor without the consent of a parent, guardian or other person. In these cases, the minor has the rights described in this Notice for health information related to the health care service provided.

Right to See and Get a Copy of Health Information. You have the right to see and get a copy of most of your health information. Usually, this information is contained in medical and billing records. You must make a request to see or get a copy of your health records in writing. For more information see the *How to Make a Request* section of this Notice. We charge a reasonable fee for providing a copy, summary or explanation of the information you request. Before we provide the requested information, we will tell you how much it will cost. You may change your request to avoid or reduce the fee.

We may deny your request only for certain reasons. If your request is denied, you may request one review of this decision. A licensed health care professional who was not part of the original decision will decide if you may see or get a copy of your records.

Right to Amend Incorrect or Incomplete Health Information. We try to ensure that health information kept in our records is accurate and complete. However, occasionally a mistake can occur. You have the right to request that we change incorrect or incomplete health information in our records. You may be required to make your request in writing. If we require a written request, you must make the request on our form. For more information, see the *How to Make a Request* section of this Notice.

If your request is approved, you will be notified in writing. We will amend the health information in our records and make a reasonable effort to get a written authorization from you to notify others of the change. We may deny your request if we believe that the information in our records is correct and complete. If your request is denied, you will be notified in writing of the reason for the denial and how you can disagree with our decision.

Right to Request Confidential Communications of Health Information. You have the right to request that we deliver health information to you in a certain way or at a certain location. For example, you may ask that we contact you by mail instead of by telephone. You may ask that information be discussed with you in a private area. You may ask that your bill be sent to a different address. You may be required to make your request in writing. We must agree to a reasonable request. We may deny your request if it is against the law or our policies.

Right to Request Restrictions of Your Health Information. You have the right to request that your health information is not used or shared for certain purposes. We are not required by law to agree to your request. For example, we are not required to honor a request to restrict health information needed to provide emergency treatment to you. We will not violate a restriction we have agreed to honor, except as permitted by law.

Right to Request an Accounting of Disclosures. You have the right to request an *Accounting of Disclosures Report*. This report will show when your health information was shared by us and others without your written authorization. This report will **not** include:

- When your health information was shared for purposes of treatment, payment, or health care operations;
- When unintentional sharing of your health information occurred as a result of something we are allowed to do by law (for example, someone may see your name on a sign-in sheet, your name may be called in a waiting room, or a conversation between yourself and a health care professional may be overheard by someone else);
- When your health information was given to you;
- When you signed a valid authorization to share the information;
- When your health information was shared from our facility directories; or to people involved in your care (such as a family member) and for other purposes after you were given an opportunity to object to sharing the information;
- When your health information was shared with correctional institutions or certain law enforcement officials while you were under their control;
- When your health information was shared for national security or intelligence purposes; or
- When we have been asked by a health oversight agency or law enforcement official to temporarily suspend your right to know if your health information has been shared with them (for example, to investigate fraud and abuse).
- When your health information is shared as part of a limited data set or in a form that has been de-identified.

You must use our form to request an *Accounting of Disclosures Report*. Your request must include the time period you want the report to cover. The time period cannot include any dates before April 14, 2003 or dates more than six years before the date of your request. For more information see the *How to Make a Request* section of this Notice.

The first report that we provide to you in any consecutive 12-month period is free. We charge a reasonable fee for any additional reports requested within the same 12-month period. We will tell you how much each additional report will cost. You may change your request to avoid or reduce this fee.

Right to Receive a Paper Copy of this Notice. You have a right to receive a paper copy of this *Notice of Privacy Practices*, even if you already agreed to receive an electronic copy.

WHEN YOU MAY RESTRICT THE USE OR SHARING OF YOUR HEALTH INFORMATION

We will honor a request to restrict the use or sharing of your health information for the following purposes:

Facility Directory. Unless you tell us that you object, we will use your name, your location in our facility, your general medical condition and your religious preference as directory information. Directory information may be shared with members of the clergy of your faith. Directory information, except religion, may also be shared with people who ask about you by name. We do not share directory information of behavioral health patients, except in very limited circumstances. We will give you an opportunity to object to sharing directory information if you are able and available. If you do not want us to share some or all of this information, you must tell us which information you do not want shared.

Notification and Communication with Family or Others Involved in Your Care. Unless you tell us that you object, we may share your health information with a person involved in your healthcare. If we do so, we may only share the information directly related to that person's involvement in your care or payment for your care. Unless you tell us that you object, we may also share your health information in order to notify, or assist in notifying, a family member, your personal representative, or another person responsible for your care about your location, general condition or death. We will give you the opportunity to object prior to making this notification if you are able and available. If you are unable or unavailable to object, health professionals will use their best judgment in communicating with your family and others. We do not share health information of behavioral health patients, except in very limited circumstances.

Disaster Relief Activities. Unless you tell us that you object, we may use and share your health information with a public or private organization legally authorized to assist in disaster relief efforts so that your family can be notified about your condition, status and location.

Fundraising. You may be contacted to raise funds for Presbyterian Healthcare Services ("Presbyterian"), the manager of SCCCSHD. The money raised through Presbyterian's fundraising activities is used for health care services and educational programs provided to the community. All fundraising materials will describe how to make a request that future materials not be sent to you. You must make your request in writing. For more information see the *How to Make a Request* section of this Notice.

WHEN A WRITTEN AUTHORIZATION IS REQUIRED TO USE OR SHARE HEALTH INFORMATION

We will not use or share your health information without your written authorization unless required by law or as described in this *Notice of Privacy Practices*. You may cancel an authorization in writing at any time, except to the extent we have already taken action according to the authorization.

Marketing. We do not sell your health information to anyone. Usually, we do not use or share your health information for marketing purposes without a written authorization from you. There are two exceptions. We do not need your authorization when we have a face-to-face conversation with you. We do not need your authorization to give you a promotional gift of little or no monetary value. If a marketing activity involves any direct or indirect payment to SCCCSHD or Presbyterian from a third party, the authorization you will be asked to sign will state that fact.

Some communications are **not** considered marketing under the law. We do not need your written authorization to tell you about:

- The health care providers and health plans that participate in our network;
- Products or services offered by SCCCSHD or Presbyterian when acting as the manager of SCCCSHD;
- Your treatment;
- Case management or coordination of your care;
- Recommendations for other treatments; or
- Opportunities to participate in clinical trials (unless you will be contacted by a third party).

Research. With your written authorization, we may share your health information with researchers conducting research that has been approved by the Presbyterian Healthcare Services' Institutional Review Board or another privacy board. A valid authorization must be for a specific research project and not for future unspecified research.

WHEN HEALTH INFORMATION CAN BE USED OR SHARED WITHOUT A WRITTEN AUTHORIZATION

The law either allows or requires your health information to be used or shared without your written authorization for the following reasons:

Emergency Situations. We will use professional judgment to decide if sharing your health information is in your best interest during a health emergency or when you are incapacitated.

For Treatment. We use and share your health information in order to provide medical treatment to you. For example, your health information may be shared with doctors, dentists, pharmacies, hospitals or other caregivers that provide treatment to you. Your health information may be used or shared to refer you to other health care providers or to coordinate your care.

To Receive Payment for Treatment and Services. We use and share your health information in order to receive payment for the treatment and services provided to you. For example:

- Information on or accompanying your bill for treatment and services will identify you and may include your diagnosis, medical procedures or supplies used.
- We may send a bill for treatment and services to you or a third-party payor, such as your insurance company or health plan.
- We may share your health information to obtain prior authorization from your health plan for a treatment.
- We may share your health information to determine if your health plan covers the cost of a treatment.
- We may share your health information with another health care provider or health plan that has provided services to you so they can receive payment.

For Health Care Operations. We use and share health information in order to operate our business and deliver quality care and services to our patients. Your health information may also be shared with members of an organized health care arrangement (OHCA) with SCCCSHD as described in this Notice. For example, your health information may be used or shared to:

- Evaluate the performance of employees, providers and staff;
- Determine the quality of care provided to our patients;
- Determine if you received appropriate services;
- Evaluate outcomes in your case and similar cases;
- Determine how to improve the quality and effectiveness of the health care services we provide and reduce health care costs;
- Conduct disease management programs for chronic conditions such as asthma and diabetes to improve health;
- Coordinate care you receive from different health care providers;
- Train our employees, providers and others;
- Detect and investigate fraud and abuse; and
- Conduct other activities relating to our business.

We may share your health information with another health care provider, health plan or clearinghouse for certain health care operations activities of the receiver of the information if they have, or had, a relationship with you (for example, to conduct quality assurance, accreditation, or fraud and abuse audits).

When Required by Law. We will use and share your health information when required by federal, state or local law.

Public Health Activities. We may share your health information with public health authorities to ensure the public welfare. For example, your health information may be shared to:

- Prevent or control disease, injury or disability;
- Report births and deaths;
- Report child abuse or neglect; domestic violence; disease or infection exposure; or
- Report problems with products or reactions to medications regulated by the Food and Drug Administration (FDA).

Health Oversight Activities. Your health information may be shared with health oversight agencies that have authority to monitor SCCCSHD's activities. For example, your health information may be shared with the Centers for Medicare and Medicaid Services (CMS).

Legal and Administrative Proceedings. Your health information may be shared as part of an administrative or legal proceeding. For example, your health information may be shared in court or at a hearing.

Law Enforcement. If a law enforcement official asks, we may share health information:

- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime (if we are unable to get the person's agreement because a health emergency exists or the person is incapacitated);
- About a death we believe may be the result of a crime;
- About a crime we believe occurred on our premises; or
- Required by a court order, subpoena, warrant, summons or other legal document.

Coroners, Medical Examiners and Funeral Directors. The health information of a dead person may be shared with coroners, medical examiners and funeral directors so they can carry out their duties.

Organ and Tissue Donation. Your health information may be shared with organizations that obtain, store or transplant human organs and tissues.

Public Safety. Your health information may be shared to prevent or lessen a serious and immediate threat to the health or safety of any person or the general public.

Special Government Functions. Your health information may be shared with federal officials for national security purposes authorized by law. For example, to protect the President of the United States, foreign heads of state or others. Your health information may also be shared as part of special investigations or other national security activities. We may share health information of military personnel if military command authorities have decided the information is necessary for military missions.

Correctional Institutions. If you are an inmate, your health information may be shared with correctional institutions or law enforcement officials in order to protect your health, or the health and safety of others.

Worker's Compensation. Your health information may be used or shared as required by worker's compensation laws.

Change of Ownership. If SCCCSHD is sold or merged with another organization, your health information and records will become the property of the new owner.

Appointment Reminders. We may contact you to remind you about a scheduled appointment. We may also contact you to remind you to schedule a regular checkup or procedure such as a mammogram. We may contact you by telephone or send a reminder in the mail.

Health-related Communications. We may tell you about treatment alternatives or other health-related benefits and services that you may be interested in. We may contact you by telephone or mail. For example, we may send you newsletters describing health-related information and treatment options, disease management or wellness programs, or other community-based activities in which SCCCSHD participates.

Limited Data Set. The law allows us to use or share health information where most, but not all, information that could be used to identify you has been removed for certain limited purposes. This information may be used or shared only for purposes of research, public health or health care operations. We require a written agreement with the receiver of the information that outlines how this information may be used or shared under federal privacy law.

Secretary of Health and Human Services. We are required by law to share health information with the Secretary of the U.S. Department of Health and Human Services (HHS) when HHS requests the health information to determine our compliance with privacy law.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

SCCCSHD reserves the right to change the privacy practices described in this Notice at any time. If the terms of this Notice change, a new Notice will be promptly published. The new Notice will be posted in our facilities and on our web site. The new Notice will be given to you upon request and as required by law. The terms described in the new Notice will apply to all health information maintained by SCCCSHD.

Electronic Notice

You may obtain an electronic copy of this Notice from our web site at www.phs.org.

ORGANIZED HEALTH CARE ARRANGEMENTS AND JOINT NOTICE

The law allows members of an OHCA to share your health information with each other for certain purposes. Health information may be shared for treatment, to receive payment for services or for the health care operations of the OHCA. The following OHCA members have agreed to follow the privacy practices described in this *Notice of Privacy Practices*:

- South Central Colfax County Special Hospital District – which includes:
 - Colfax General Long-Term Care, Springer, NM;
 - Colfax Laboratory Services, Springer, NM;
 - Cimarron Healthcare Clinic, Cimarron, NM;
 - Moreno Valley Healthcare Clinic, Angel Fire, NM;
- Healthcare providers who provide services in our facilities, only to the extent the records of such services are maintained by SCCCSHD.

OTHER PARTICIPANTS IN OUR ORGANIZED HEALTH CARE ARRANGEMENT

The following also participate in organized health care arrangements (OHCA) with SCCCSHD. Please note that their privacy practices are described in their own *Notice(s) of Privacy Practices*:

- Members of our Medical Staff
- Presbyterian Healthcare Services

HOW TO MAKE A REQUEST

For information on how to request to see, obtain a copy, or amend health information contained in Presbyterian's records, or to request an *Accounting of Disclosures Report*, you may contact us at:

South Central Colfax County Special Hospital District
Attn: Director of Medical Records
P.O. Box 458
Springer, NM 87747

(505) 483-3300 In Springer, NM
(800) 431-3423 Outside Springer, NM

Address your request that fundraising materials not be sent to you to:

Presbyterian Healthcare Foundation
Attn: Executive Director and Vice President
P.O. Box 26666
Albuquerque, NM 87125-6666

TO FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint with Presbyterian. You may also file a written complaint with the U.S. Department of Health and Human Services Office of Civil Rights. You will not be penalized or retaliated against for filing a complaint. To file a complaint with Presbyterian, call (888) 435-4361. To file a complaint with the Office of Civil Rights, call (800) 368-1019, visit <http://www.hhs.gov/oct/privacyhowtofile.htm>, or contact

Region VI - AR, LA, NM, OK, TX
Office for Civil Rights
U.S. Department of Health & Human Services
1301 Young Street - Suite 1169
Dallas, TX 75202
(214) 767-4056; (214) 767-8940 (TDD)
(214) 767-0432 FAX

FOR MORE INFORMATION

If you have questions about this Notice or would like more information about SCCCSHD's privacy practices, please contact Presbyterian's Corporate Compliance Department at (505) 923-8544.