



Wickenburg Community Hospital

Wickenburg's Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective June 2014

We are committed to protecting the confidentiality, privacy, and security of your health information, and are required by law to do so. This notice describes how we may use your health information within Wickenburg Community Hospital, the Community Hospital Clinics, as well as any additional regional, financial, or treatment facilities and how we may share it with others outside of our organization. Furthermore, this notice describes the rights you have concerning your own health information. Please review it carefully and let us know if you have questions.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment: We may use your health information to provide you with health services and supplies. We may also disclose your health information to others who need that information to treat you, such as doctors, physician assistants, nurses, health and nursing students, technicians, therapists, emergency service and health transportation providers, health equipment providers, and others involved in your care.

For example, your provider may access your health records to manage your health needs. We may also make your health information available electronically through an electronic health information exchange to other health care providers and health plans that request your information for their treatment and payment purposes.

We also may use and disclose your health 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.

Health Information Exchange (HIE): Wickenburg and other healthcare providers participate in a Health Information Exchange which allows patient information to be shared electronically. The HIE allows for immediate electronic access to your participating health care providers and health plans' pertinent health information necessary for treatment, payment and operations. If you have not opted-out of the HIE, your information will be available through the HIE to participating health care providers and health plans in accordance with the Notice of Privacy Practices and the law. If you opt-out of the HIE, your personal health information will continue to be used in accordance with this Notice and the law, but will not be made available through the HIE. Wickenburg is a part of the Health Information Network of Arizona (HINAZ), which has developed this HIE for our state. For more information, please visit www.hinaz.org.

Secure Patient Portals: In compliance with the federal government's Meaningful Use Initiative, we are required to provide patients (and/or a patient-authorized user) access to their health information electronically. Having this electronic access through your personal, secured email (?portal?) will allow you as the patient, the ability to review your health history during your visit here at our facility. This access provides you with test results, medications, allergies, immunizations, and health issues. Upon discharge from our facility, the email account collected from you during your care will receive an auto-generated email from your electronic health record. This email will then direct you to step-by-step instructions on how to access your personal health record.

Patient Directory: Unless you object, we may disclose your name, room number or location in our facility, your general condition (e.g., fair, stable, critical), and your religious affiliation. This information, except your religious affiliation, will be disclosed to people that ask for you by name. This information may be shared with clergy

Family Members and Others Involved in Your Care: We may disclose your health information to a family member or friend who is involved in your health care. If you do not want us to disclose information about you to family or others, you must notify the registration, nursing, or health information management department. We also may disclose your health information to disaster relief organizations to help locate a family member or friend in a disaster.

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

Facility Operations: We may use and disclose your health information if it is necessary to improve the quality of care we provide to patients or to operate Wickenburg and its facilities. We may use your health 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 health record to evaluate the performance of our employees.

Fundraising: Many of our patients wish to make contributions to Wickenburg and/or its affiliates. Wickenburg or its foundations may contact you in the future to raise money. You will be provided the option of not receiving these forms of communication. Your health information is not shared for the purpose of fundraising.

Research: We may use or disclose your health 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 health information.

Required by Law: There are some mandated federal, state, or local laws, such as reporting abuse and neglect, gunshot wounds, stabbings, which do not require patient authorization prior to disclosing your information. Public policy has determined that these types of needs outweigh the patient's right to privacy. Wickenburg is also required to give information to the Arizona worker's compensation program for work-related injuries.

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

Public Safety: We may disclose health information for public safety purposes in limited circumstances. We may disclose health information to law enforcement officials in response to a search warrant or court order.. We also may disclose health 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 within Wickenburg. We also may disclose your health information to law enforcement officials and others to prevent a serious threat to health or safety.

Health Oversight Activities: We may disclose health information to a government agency or oversight agency that oversees Wickenburg facilities or its personnel, such as the Arizona Department of Health Services, the federal agencies that oversee Medicare, licensing agencies who govern physicians and other healthcare professionals. These agencies need health information to monitor our compliance with state and federal laws.

Coroners, Health Examiners and Funeral Directors: We may disclose health 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 health 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 health information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose health information to federal or state officials for intelligence and national security purposes.

Judicial Proceedings: We may disclose health 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 health information.

Information with Additional Protection: Certain types of health information may have additional protection under state or federal law. For instance, health information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, psychotherapy notes, genetic testing, or a court-ordered mental evaluation. We may obtain your authorization to release this information except as required by law.

Other Uses and Disclosures: If we need to use or disclose your health information for a purpose that is not discussed in this Notice, we will seek your permission. If you give your permission to Wickenburg or its facilities, you may revoke your authorization by sending the Privacy Officer a written request.

WHAT ARE YOUR RIGHTS?

Right to Request Your Health Information: You or your legally authorized representative have the right to online access of your health information available, review or receive electronic or paper copies, or request an electronic delivery of your health information. This includes medical and billing information. You may contact the Health Information Management department and/or the Privacy Officer for access to and/or copies of your health and billing information. If you request a copy of your information, we may charge you for our costs. We will tell you in advance what that cost will be.

Right to Request to Amend or Supplement Information about you that You Believe Is Erroneous or Incomplete: If you examine your health information and you believe that some of the information is incorrect or incomplete, you may ask us to amend your record. You may submit a request to amend your health information by contacting the Health Information Management department or the Privacy Officer or the Business Office Manager for your billing information

Right to Get a List of Certain Disclosures of Information about You: You have the right to request a list of certain disclosures we made of your health information. If you would like to receive such a list, you may contact the Health Information Management department or the Privacy Officer. We will provide the first list to you free, but we may charge you for any additional lists you request during a 12-month period.. We will tell you in advance what this cost will be.

Right to Request Restrictions on How Wickenburg and Its Facilities Will Use or Disclose Your Health Information for Treatment, Payment, or Health Care Operations: You have the right to ask us not to use or disclose information about you to treat your, to seek payment for care, or to operate our facilities. We are not required to agree to your request, but if we do agree, we will comply with that agreement unless that information is necessary to provide you emergency treatment. You may request that we withhold information from your health plan for the purpose of payment or healthcare operations provided it is not otherwise required by law. If you want to request a restriction, you may contact the Health Information Management department or the Privacy Officer or for your billing information, you may contact the Business Office Manager.

You have the right to pay for an item or service and elect not to have this information about submitted to your health plan. We are not obligated to accept your request until you have paid for this service or item. We are not required to notify other healthcare providers of these types of restrictions, this is your responsibility.

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. You can ask to speak with your health care providers in private, outside the presence of other patients. We will accommodate reasonable requests including alternative addresses or alternative means. For example, you can ask us not to call your home, but to communicate only by mail. You may contact the Health Information Management department or Privacy Officer to make this request.

Right to a Copy of Wickenburg's Notice of Privacy Practices: You have the right to a paper copy of this Notice at any time. You may obtain a copy of the Notice from our web site at www.wickhosp.com or you may obtain a paper copy of the Notice at patient registration.

CHANGES TO THIS NOTICE

We may amend or revise our practices concerning how we use or disclose patient health 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 your information. If we change these practices, we will publish a revised Notice of Privacy Practices.

WHICH HEALTH CARE PROVIDERS ARE COVERED BY THIS NOTICE?

This Notice of Privacy Practices applies to all aspects of the Wickenburg facilities, Foundations, all of its employees, physicians, allied health professionals, contract workers, volunteers, students, interns, and trainees. This notice applies to other health care providers that come to Wickenburg to care for patients, (such as physicians, physician assistants, therapists, emergency service providers, health transportation companies, health equipment and suppliers, and other health care providers not employed by Wickenburg), unless they give you their own Notice of Privacy Practices. Wickenburg may share your health information with other health care providers for treatment purposes, payment, and health care operations.

IF YOU HAVE CONCERNS OR COMPLAINTS

Please tell us about any problems or concerns you have with your privacy rights or how Wickenburg uses or discloses information about you. If you have a concern, please contact the Privacy Officer at (928) 668-1846 or by email at privacy.officer@wickhosp.com or the confidential Compliance Hotline (866) 668-1809.

If for some reason we cannot resolve your concern, you may also file a complaint with:

The Arizona Department of Health and Human Services, Region IX – AZ Office for Civil Rights:
U.S. Department of Health & Human Services
90 7th Street
Suite 4-100
San Francisco, CA 94103
(415) 437-8310; (415) 437-8311 (TDD) (415) 437-8329 FAX

You may also file a complaint electronically by emailing the Office of Civil Rights or visiting their website at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.htm>.

We will not penalize you or take any retaliatory action against you in any way for filing a complaint with the federal government.

Do You Have Questions? Wickenburg is required by law to give you this Notice and to follow the terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how we may use and disclose information about you, please contact the Health Information Management Department.

Effective date: June 13, 2014