

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.

This Notice explains how Wickenburg Community Hospital and Clinics (including our Hospital, Surgery Center, Community Hospital Clinics) (“we,” “us,” or “our”) uses and discloses your medical information and describes your rights and our duties concerning that information. We are required by law to maintain the privacy of your protected health information (PHI), provide this Notice, follow the terms of this Notice, and notify you if a breach occurs involving your unsecured PHI.

Who Is Covered by This Notice

This Notice applies to Wickenburg Community Hospital and Clinics and to our workforce members including employees, volunteers, students, trainees, and independent health care professionals and other service providers who may provide care to you at our locations unless they give you their own notice.

How We May Use and Disclose Your Medical Information

Treatment

We may use and disclose your information to provide, coordinate, or manage your care and related services. We may share information with your provider(s) involved in your care

Payment

We may use and disclose your information to obtain payment for services we provide. We may share information with your health plan to confirm coverage, obtain prior authorization, or process a claim.

Health Care Operations

We may use and disclose your information to run our organization and improve quality and cost-effectiveness of care including quality improvement, audits and compliance reviews, credentialing, training, and business planning. We may contact you about treatment options and health-related services.

Patient Directory (Hospital Inpatients)

Unless you object, we may include your name and location in our patient directory to help family and friends find you. You may opt out at any time.

Individuals Involved in Your Care and Disaster Relief

We may share information with family members or friends involved in your care or payment for your care, or with your legal representative unless you communicate otherwise. We may communicate with disaster relief organizations to notify them of your location and general condition.

Fundraising Communications

We may contact you to support our charitable mission. You can opt out of fundraising communications at any time.

Research

We may use or disclose information for research under strict oversight designed to protect your privacy, such as approval by an Institutional Review Board (IRB). In some cases, your written authorization is required.

Required by Law

We will disclose information when required by federal, state, or local law including mandatory reporting of abuse or neglect; reporting to the Arizona Workers’ Compensation program for work-related injuries.

Public Health and Safety

We may disclose information for public health activities, to the FDA regarding product safety, and to prevent or reduce a serious threat to health or safety.

Health Oversight Activities

We may disclose information to health oversight agencies for activities authorized by law, such as audits, investigations, inspections, and licensure actions.

Judicial, Administrative, and Law Enforcement Purposes

We may disclose information in response to a court or administrative order, subpoena, or warrant; to identify or locate a suspect, fugitive, material witness, or missing person; to report crimes on our premises; or as otherwise permitted by law.

Coroners, Medical Examiners, and Funeral Directors

We may disclose information to help these professionals carry out their duties.

Organ and Tissue Donation

We may disclose information to organ procurement organizations as necessary to facilitate donation and transplantation.

Military, Veterans, National Security

If you are a member of the armed forces, we may disclose information as required by military command authorities. We may disclose information to authorized federal officials for national security and intelligence activities or for protective services for the President and others.

Health Information Exchanges (HIEs)

We may share information that we obtain or create about you with other health care providers or entities, as permitted by law, through health information exchanges (HIEs) in which we participate to help coordinate your care.

Victims of Abuse, Neglect, or Domestic Violence

We may disclose information to appropriate authorities if we

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reasonably believe you are a victim of abuse, neglect, or domestic violence, as permitted by law.

De-Identified and Limited Data Sets

We may use or disclose information that does not identify you to others for research, public health, and health care operations, as permitted by law.

Uses and Disclosures Requiring Your Written Authorization

For all other purposes not described in this Notice, we will obtain your written authorization before using or disclosing your information. You may revoke authorization in writing at any time.

Some types of PHI have added protections under federal law and require your authorization unless an exception applies. When these laws are more protective than HIPAA, we will follow the stricter standard.:

- **Marketing:** We will obtain your written authorization before using your PHI to send marketing not permitted by law
- **Sale of PHI:** We will not sell your PHI without your written authorization
- **Psychotherapy Notes:** We will not use or disclose psychotherapy notes without your authorization except as permitted by law
- **Substance Use Disorder (SUD Treatment Records):** In general, we cannot use or disclose SUD treatment records without your written consent—even for treatment, payment, or operations
- **Information with Additional Protections:** Certain types of information may have added protection under federal or state law such as HIV/AIDS, genetic testing, certain mental health information, and reproductive health information.

**The categories above do not include text messages, opt-in data or consent. We do not share this information with any third party for marketing or promotional purposes.*

Your Rights

You have the following rights regarding your medical information.

Right Access and Obtain a Copy

You may see or get a copy of your medical and billing records, including an electronic copy when available. We may charge a reasonable, cost-based fee as permitted by law and inform you in advance what the copying will cost.

Right to Request an Amendment

If you believe information is incorrect or incomplete, you may request an amendment. If we deny your request, we will tell you why in writing and explain your right to submit a statement of disagreement.

Right to an Accounting of Disclosures

You may request a list of certain disclosures we made of your information for a period specified by law. The first list in a 12-month period is free; we may charge a fee for additional requests.

Right to Request Restrictions

You may ask us to limit how we use or share your information for treatment, payment, or operations, or to certain individuals involved in your care. While we are not required to agree in all cases, we will consider your request and inform you of our decision. *If you pay in full for a service out-of-pocket, you may request that we not disclose information about that service to your health plan, and we must agree unless a law requires the disclosure.*

Right to Request Confidential Communications

You may request that we contact you by a specific method or at a specific location. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice

You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically. We will also post the current Notice at our facilities and on our website.

Right to Choose a Personal Representative

If someone is your legal personal representative (such as someone with medical power of attorney or a legal guardian), that person may exercise your rights and make choices about your information, consistent with applicable law.

Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us using the contact information below. You may also file a complaint with the U.S. Department of Health & Human Services, Office for Civil Rights (OCR) at <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>. We will not retaliate against you for filing a complaint.

How to Contact Us

Health Information Management (HIM)/Medical Records & Privacy Office

Wickenburg Community Hospital and Clinics
Phone: (928) 684-4364
Mailing Address: 520 Rose Ln, Wickenburg, AZ 85390
Email: medical.records@wickhosp.com

We reserve the right to change our privacy practices and the terms of this Notice and to make the new Notice effective for all information we maintain, including information created or received before the change. If we change our practices, we will post the revised Notice at our facilities, on our website and provide copies upon request.

Thank you for trusting Wickenburg Community Hospital and Clinics with your care.