



***SPANISH PEAKS REGIONAL HEALTH CENTER,
COLORADO STATE VETERANS NURSING HOME,
SPANISH PEAKS FAMILY CLINIC, &
SPANISH PEAKS OUTREACH SERVICES***

NOTICE OF PRIVACY PRACTICES

Effective 4/14/03



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.

Who Will Follow This Notice:

This notice describes our facility's practices and that of:

- The Hospital, Nursing Home, Family Clinic, Home Health Agency, and Outreach Services (collectively referred to as "the facility"). All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or facility operations purposes described in this notice.
- Any health care professional authorized to enter information into your health record within the facility.
- All departments and units of the facility.
- Any member of a volunteer group we allow to help you while you are in the facility.
- All employees, staff and other facility personnel.

For More Information Regarding This Notice:

If you have questions and would like additional information, you may contact the Privacy Officer at (719) 738-5173 or (719) 738-5100.

Our Pledge Regarding Medical Information:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the facility. We need this record to provide you with quality care and to comply with certain legal requirements. The record is the physical property of the facility but it also belongs to you, and your rights to access the information contained in the record is listed in this notice. This notice applies to all of the records of your care generated by the facility, whether made by facility personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. ***If you do not want your information used in any of the ways listed, you must notify us of your objection.*** We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Abide by and maintain the terms of this notice currently in effect.
- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

How We May Use And Disclose Medical Information About You:

The following categories describe different ways that we may use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you at the facility. For Example: A doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the facility also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may provide your physician or a subsequent healthcare provider with copies of various reports that should assist in treating you once you are discharged from this facility. We also may disclose medical information about you to people outside the facility who may be involved in your medical care after you leave the facility, 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 medical information about you so that the treatment and services you receive at the facility may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health insurance plan information about surgery or other care you received at the facility so your health insurance plan will pay us or reimburse you for the surgery. We may also tell your health insurance plan about a treatment you are going to receive to obtain prior approval or to determine whether your insurance plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose medical information about you for facility operations. These uses and disclosures are necessary to run the facility and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many facility patients to decide what additional services the facility should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other facility personnel for review and learning purposes. We may also combine the medical information we have with medical information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the facility.
- **Treatment Alternatives.** We may use and disclose medical 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 medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for the facility and its operations. We may disclose medical information to a foundation related to the facility so that the foundation may contact you in raising money for the facility. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the facility. If you do not want the facility to contact you for fundraising efforts, you must notify the Privacy Officer in writing.

- **Facility Directory.** We may include certain limited information about you in the facility directory while you are a patient at the facility. This information may include your name, location in the facility, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the facility and generally know how you are doing. If you notify us of your objection to be listed in the directory, we will not release any information, or even verify you are a patient to anyone, including family members.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Business Associates.** There are some services provided in our facility through contacts with business associates such as transcription services, computer services and legal counsel who may receive portions of your health record to complete a job on behalf of our facility. We have obtained privacy and security agreements from those business associates attesting to their cooperation and willingness to protect that information, and we keep a record of any and all business associates receiving such information.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the facility. We will always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the facility.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Prevent a Serious Threat to Health or Safety.** We may use and disclose medical 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

- **Organ and Tissue Donation.** Consistent with applicable law, we may release medical information to organizations that handle organ obtainment or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. If you are or have been a member of the Armed Forces, we may disclose medical information about you to the Department of Veterans Affairs. This disclosure is necessary for the Department of Veterans Affairs to determine if you are eligible for certain benefits. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - ✓ To prevent or control disease, injury or disability; To report births and deaths;
 - ✓ To report child abuse or neglect;
 - ✓ To report reactions to medications or problems with products;
 - ✓ To notify people of recalls of products they may be using;
 - ✓ To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - ✓ To notify 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.
- **Health Oversight Activities.** We may disclose medical 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.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical 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.
- **Marketing.** We may contact you to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Law Enforcement.** We may release medical information as required by law or if asked to do so by a law enforcement official for any of the following reasons:
 - ✓ In response to a court order, subpoena, warrant, summons or similar process;
 - ✓ To identify or locate a suspect, fugitive, material witness, or missing person;
 - ✓ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - ✓ About a death we believe may be the result of criminal conduct;
 - ✓ About criminal conduct at the facility; and
 - ✓ In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical 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 medical information about patients of the facility to funeral directors as necessary to carry out their duties as required by law.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

- **Correctional Institution (Inmates).** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical 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.
- **Your Rights Regarding Medical Information About You:**
You have the following rights regarding medical information we maintain about you:
- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes following Colorado State Regulations. To inspect and copy medical information that may be used to make decisions about you, you must complete the appropriate paperwork with the Health Information Management Department. To receive such paperwork, call the Health Information Management Director at (719) 738-5173 or come by the facility to request it in person. The completed paperwork must be submitted to:

Spanish Peaks Regional Health Center & Colorado State Veterans Nursing Home
Attn: Health Information Management Department
23500 U.S. Hwy 160
Walsenburg, CO 81089

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, following Colorado Hospital Association (CHA) guidelines. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the facility 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 Amend.** If you feel that medical 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 the facility. To request an amendment, appropriate paperwork must be completed with the Health Information Management Department. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if the appropriate paperwork is not completed or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - ✓ Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - ✓ Is not part of the medical information kept by or for the facility;
 - ✓ Is not part of the information which you would be permitted to inspect and copy; or
 - ✓ Is accurate and complete.
- **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 medical information about you. To request a list, you must submit your request in writing to the Health Information Management Department. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or 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.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical 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 medical 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. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request.

A section has been provided on our consent form for you to request restrictions on the use or disclosure of your medical information upon admission to the facility. Your request 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. Any request for restrictions after you have been discharged from the facility must be submitted in writing to the Health Information Management Department.

- **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, complete the section provided on the consent form. 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 or Electronic Copy of This Notice.** You have the right to a paper or electronic 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 website, www.sprhc.org
 - To obtain a paper copy of this notice, call (719) 738-5100 or (719) 738-5000.

Changes to This Notice:

We reserve the right to change this notice. We reserve the right to make the revised notice effective for medical information we already have about you as well as any information we receive in the future.

We will post a copy of the current notice at each service location of the facility. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, when you register at or are admitted to the hospital or nursing home for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect. The family clinic, home health agency and outreach services will provide you a copy only at your first time of visit. However, additional copies of the notice will be made available upon request at any time.

- **Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with the Office of Civil Rights, U.S. Department of Health and Human Services or with the facility. To file a complaint with the facility, contact the Privacy Officer at (719) 738-5173 or (719) 738-5100 or you may submit your complaint in writing to:

Spanish Peaks Regional Health Center &
Colorado State Veterans Nursing Home
Attn: Privacy Officer 23500 U.S. Highway 160
Walsenburg, CO 81089

There will be no retaliation for filing a complaint with the facility.

- **Other Uses of Medical Information:**

Other uses and disclosures of medical 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 medical 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 medical 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.