

# Joint Notice of Privacy Practices

## ATTACHMENT A TO POLICY AND PROCEDURES FOR NOTICE OF PRIVACY PRACTICES EFFECTIVE SEPTEMBER 1, 2016

This joint 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. If you have any questions, please contact our Privacy Office at the address or phone number at the end of this notice.



### A. Who will follow this Joint Notice?

This Joint Notice of Privacy Practices ("Joint Notice") describes the practices that Brighton Community Hospital Association d/b/a Platte Valley Medical Center ("PVMC"), will follow with regard to your protected health information ("PHI"). PHI means individually identifiable health information (including demographic information) that is created or received by a health care provider, a health plan, your employer, or a health care clearinghouse and relates to: (i) your past, present, or future physical or mental health or condition; (ii) the delivery of health care to you; or (iii) the past, present, or future payment for the delivery of health care to you. PVMC provides health care to our patients and clients in partnership with physicians and other professionals and organizations. The privacy practices described in this Joint Notice will be followed by PVMC's employees, volunteers, trainees, and certain other persons. Staff, physicians, trainees, volunteers, and business associates of PVMC may have access to PHI.

Rather than have you read and sign different forms for Notice of Privacy Practices for various caregiver members of your treatment team, this Joint Notice will serve as authority for all participants on the team to have access to, and to share, your PHI as outlined by the terms of this Joint Notice. If you have any concerns as to the sharing of your PHI by members of the team, you should contact the Privacy Office or the Patient Representative at PVMC or your physician.

### B. Our pledge to you.

We understand that PHI about you is personal. We are committed to protecting your PHI. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This Joint Notice applies to all of the records of your care that we maintain, whether created by facility staff or your personal physician. Your personal physician may have different policies or notices regarding the physician's use and disclosure of PHI created in the physician's office.

We are required by law to:

1. Maintain the privacy of your PHI.
2. Give you this Joint Notice of our legal duties, privacy practices, and your rights with respect to your PHI.

3. Follow the terms of the Joint Notice that is currently in effect. This Joint Notice will remain in effect until we replace or modify it.
4. Notify you following a breach of unsecured PHI.

### C. Changes to this Joint Notice.

We may change our policies at any time, provided the change is permitted by law. Changes will apply to PHI we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will revise this Joint Notice and post the new Joint Notice in waiting areas, exam rooms, and on our website at <http://pvmc.org>. You can receive a copy of the current Joint Notice at any time. The effective date is listed just below the title. If you are a new patient, you will be provided a copy of the current Joint Notice the first time you register at our facility for treatment. You will also be asked to acknowledge in writing that you received this Joint Notice.

### D. How we may use and disclose medical information about you.

1. We may use and disclose your PHI for treatment (such as sending medical information about you to a specialist as part of a referral); to obtain payment for treatment (such as sending billing information to your insurance company or Medicare); and to support our health care operations (such as comparing patient data to improve treatment methods).
2. We may use or disclose your PHI without your prior authorization for several other reasons. Subject to certain requirements, we may disclose your PHI without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements and organ donation, workers' compensation purposes, and emergencies. We also disclose PHI when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.
3. We may disclose your PHI to a friend or family member who is involved in your medical care, or to disaster relief authorities so that your family can be notified of your location and condition. If you are not present, our disclosure will be limited to the PHI that directly relates to the individual's involvement in your health care.
4. We also may contact you for appointment reminders, or to tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you.
5. If admitted as a patient, unless you tell us otherwise, we will list in the patient directory your name, location in the hospital, your general condition (good, fair, etc.) and your religious affiliation, and will release all but your religious affiliation to anyone who asks about you by name. Your religious affiliation may be disclosed only to a clergy member, even if the clergy member does not ask for you by name.
6. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or to the health and safety of others. Any such disclosure will be made to someone who would be able to help prevent the threat.
7. We may disclose your PHI, if you are in the Armed Forces, for activities deemed necessary by appropriate military command authorities, for determination of benefit eligibility by the Department of Veterans Affairs, or to foreign military authorities if you are a member of that foreign military service. We may disclose your PHI to authorized federal officials for conducting national

security and intelligence activities or to the Department of State to make medical suitability determinations. If you are an inmate at a correctional institution, then under certain circumstances we may disclose your PHI to the correctional institution.

8. We will not use or disclose your PHI to contact you for fundraising purposes.

#### **E. Uses and Disclosures with an Authorization.**

We are required to obtain your authorization to use or disclose your PHI in certain circumstances. Specifically, most uses and disclosures of psychotherapy notes will require your authorization. Uses and disclosures of PHI which result in PVMC receiving financial payment from a third party whose product or service is being marketed will require your authorization. Additionally, disclosures that constitute a sale of PHI will require your authorization.

In any other situation not covered by this Joint Notice, we will ask for your written authorization before using or disclosing your PHI. If you are not present or are unable to give your permission, we will use or disclose your PHI only if we determine (based on our professional judgment) that the use or disclosure is in your best interest. If you choose to authorize a use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

#### **F. Disclosure of your PHI to other entities.**

We may disclose your PHI to a "business associate." Our business associates are the individuals and entities we engaged to perform various services for or on behalf of PVMC. Business associates are permitted to receive, create, maintain, use, or disclose PHI, but only as provided by federal law, and only after agreeing in writing to appropriately safeguard your PHI.

We may disclose your PHI to certain health care providers, health plans, or health care clearinghouses, in connection with our treatment, payment, or health care operations.

You may have additional rights under state law. State laws that provide greater privacy protection or broader privacy rights will continue to apply.

#### **G. Your rights regarding medical information about you.**

1. In most cases, you have the right to look at or get a copy of your PHI that we use to make decisions about your care, when you submit a written request to the Privacy Office listed at the end of this Joint Notice. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. You do not have the right to inspect or copy, among other things, psychotherapy notes or materials that are compiled in anticipation of litigation or similar proceedings. If we deny your request to review or obtain a copy, you may submit a written request to the Privacy Office for a review of that decision.
2. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the records by submitting a request in writing that provides your reason for requesting the amendment. If we approve your request, we will include the amendment in any future disclosures of the relevant information. If we deny your request for an amendment, you may file a written statement of disagreement, which we may rebut in writing. The denial, statement of disagreement, and rebuttal will be included in any future disclosures of the relevant information. We may deny your request to amend a record if the information was not created by us (unless the person or entity that created the information is no longer available to make the amendment); if it is not part of the PHI maintained by us; if it is not part of the information which you would be permitted to inspect and copy; or if we determine that

the record is accurate and complete. All denials will be in writing. You may appeal, in writing, a decision by us not to amend a record.

3. You have the right to a list of those instances where we have disclosed your PHI, other than for treatment, payment, health care operations or where you specifically authorized a disclosure, when you submit a written request. The request must be in writing and state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. If the PHI disclosed is an "electronic health record," the accounting will include disclosures up to three years before the date of your request. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free; other requests will be charged a fee based on our cost of producing the list. We will inform you of the fee before you incur any costs.
4. If this Joint Notice was sent to you electronically, you have the right to receive a paper copy of this notice.
5. You have the right to request that your PHI be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.
6. You may request, in writing, that we not use or disclose your PHI for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request but we are not legally required to accept all requests. We will honor requests to restrict disclosures to your health plan where (i) the disclosure is for payment or health care operations purposes and is not required by law and (ii) the information relates to medical services paid in full by you or someone other than your health plan. We will inform you of our decision on your request.

All written requests or appeals should be submitted to our Privacy Office listed at the bottom of this Joint Notice.

#### **H. Complaints.**

1. If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your PHI, you may contact our Privacy Office (listed below). You may also contact our Privacy Officer at 303-498-1600, ext. 1659 or the Patient Representative at 303-498-1600, ext. 1560.
2. Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).
3. Under no circumstance will you be penalized or retaliated against for filing a complaint.

#### **I. Privacy Office Address.**

Platte Valley Medical Center  
attn: Privacy Officer  
1600 Prairie Center Parkway  
Brighton, CO 80601  
303-498-1600

#### **J. Patient Representative Address.**

Platte Valley Medical Center  
attn: Patient Representative  
1600 Prairie Center Parkway  
Brighton, CO 80601  
303-498-1600