

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.

We will not use or disclose your health information without your authorization, except as described in this notice.

Understanding How Your Protected Health Information is Used.

A record of your visit is made each time you visit a hospital, physician, or other healthcare provider. Typically, this record contains your symptoms, examination and test result, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your health information or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were provided
- A tool for educating health professionals
- A tool for patient safety
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your protected health information as provided by 45 CFR 164.522(a): You have a right to request a restriction or limitation on the protected health 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 protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member. We are not required to honor all requests for restricted use and disclosure of protected health information. To request restrictions, you must make your request in writing. In your request, you must tell us:
 - What information do you want to limit and protect;
 - Whether you want to limit our use, disclosure, or both; and
 - To whom you want the limits to apply, for example, disclosure to your spouse.
 - Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time if we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.
 - You also have a right to request that a health care item or service not be disclosed to your health plan for payment purposes or health care operations. We must honor your request if the health care item or service is paid out of pocket and paid in full. This restriction does not apply to the use

or disclosure of your protected health information related to your medical treatment, but only applies to use and disclosure to a health plan

- Obtain a paper copy of the notice of information practices upon request
- Inspect and obtain a hard copy or an electronic copy of your health record/medical information that may be used to make decisions about your care as provided for in 45-CFR 164.524.
 - You must submit a written request, and
 - We may charge a fee for copying, mailing, or other supplies associated with your request.
- If the facility uses or maintains an electronic health record concerning your medical information, you have the right to obtain an electronic copy of the information if you so choose.
 - You may direct the facility to transmit the copy to another entity or person that you designate, provided the choice is clear, concise, and specific; and
 - The facility may charge a fee equal to its labor cost for the electronic copy.
- Amend your health record as provided in 45 CFR 164.526:
 - If you feel that the medical information we have about you is incorrect or incomplete, you may request that we amend the information. You have the right to request an amendment for as long as the information is kept by or for the Provider. In addition, you must provide a reason that supports your request.
 - We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Requests may be denied for other appropriate reasons. Typical reasons for denial of an amendment request include:
 - The information was not created by CGHC unless the person or entity that created the information is no longer available to make the amendment
 - The information is not part of the medical information kept by or for the Provider
 - The information is not part of the information which you would be permitted to inspect and copy
 - The information is accurate and complete
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken
- Any uses and disclosure of protected health information other than those permitted by our Privacy Practice and the related State and Federal laws will be made only with your written authorization or the written authorization for the individual involved.
 - **USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION:**
 - We will obtain your written authorization for uses and disclosures of your information not described in this Notice, including most marketing, any sale of your protected health information, and most uses and disclosures of psychotherapy notes. Other uses and disclosures not described here will be made only with your written authorization. You may revoke an authorization as provided in 45 CFR 164.508(b)(5).
 - If another law gives your information more protection than HIPAA (for example, certain substance use disorder treatment records under 42 CFR Part 2), we will follow the more protective law.
 - **SPECIAL PROTECTIONS FOR SUBSTANCE ABUSE, HIV, MENTAL HEALTH, REPRODUCTIVE HEALTH, AND GENETIC INFORMATION:**
 - Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including substance abuse, HIV-related information, mental health information, reproductive health information, and genetic information.
 - **RIGHT TO RECEIVE NOTICE OF A BREACH:**

- CGHC is required to notify you by first-class mail or by e-mail (if offered and you have indicated a preference to receive information by e-mail), of reportable breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach.

Our Responsibilities

CGHC is required to:

- Maintain the privacy of your protected health information
- Provide you with a notice as to our legal duties and privacy practice concerning information that is collected and maintained about you
- Abide by the terms of this notice
- 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
- You will receive a notification from CGHC if there is a breach of our Privacy Practices or a breach of reportable unsecured protected health information.
- CGHC reserves the right to change our practice and to make the new provisions effective for all protected health information we maintain. Should information practices change, we will provide a new notice with the changes to every patient upon registration. A copy of our Notice of Privacy Practices will be available where you receive medical care, consultation, and treatment at Cibola General Hospital Corp.

Examples of Disclosures for Treatment, Payment and Health Care Operations

- **CGHC will use your protected health information for treatment.**
Information obtained by a nurse, physician, or other healthcare team member will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will record his/her expectations of your healthcare team members. The healthcare team will then record the actions they took and their observation. That way, the physician will know how you respond to treatment. CGHC will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you once you are discharged from CGHC.
- **CGHC will use your protected health information for payment.**
A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you and your diagnosis, procedures, and supplies used.
- **CGHC will use your protected health information for regular healthcare operations.**
Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.
- **CGHC may also disclose your protected health information for the following activities:**
 - **Business Associates:** Some services are provided in our organization through contracts with Business Associates. Examples include physician services in the Emergency Department, Radiology, or Laboratory testing. When these services are contracted, we may disclose your protected health information to our Business Associates so they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, CGHC requires the Business Associate to safeguard your information appropriately.

- **Facility Directory:** Unless you notify the facility that you have opted out of the hospital's directory, the facility will use your name, location, general condition, and religious affiliation for directory purposes. Religious affiliation may be provided to members of the clergy. If you object to having your protected medical information released, CGHC will not be able to tell your family or friends your room number or that you are in the hospital.
- **Notification:** CGHC may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, location, and general condition.
- **Communication with family:** Health Care professionals, using their best judgment, may disclose to a family member, relative, close personal friend, or any other person you identify health information relevant to that person's involvement in your care, appointment reminders, or payment related to your care.
- **Research:** CGHC may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.
- **Funeral Directors:** CGHC may disclose health information to funeral directors consistent with applicable law to carry out their duties.
- **Organ Procurement Organizations:** Consistent with applicable law, CGHC may disclose health information to organ procurement organizations or other entities engaged in procuring, banking, or transplanting organs for tissue donation and transplant.
- **Marketing:** CGHC may contact you with information about treatment alternatives or other health-related benefits and services that may interest you. You may opt out of receiving these types of contacts and communications.
- **Fundraising Activities:** If CGHC intends to use your medical information for fundraising purposes, CGHC will inform you of such intent and let you know that you have the right to opt out of receiving fundraising communications. CGHC might use such information to contact you to raise money for CGHC and its operations. CGHC may disclose information related to CGHC to a foundation so that the foundation may contact you about raising money for CGHC. CGHC would only release contact information, such as your name, address, phone number, and the dates you received treatment or services at CGHC. If you do not want CGHC to contact you for fundraising, you may opt out at any time by calling 505-287-4446, asking for Marketing, visiting <https://cibolahospital.com/contact-us/> and submitting a general question, or writing to the address below. We will honor your choice.
- **Food and Drug Administration (FDA):** CGHC may disclose to the FDA health information relative to adverse events concerning food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.
- **Worker's Compensation:** CGHC may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.
- **Public Health and Safety:** As the law requires, CGHC may disclose your health information to public health, health oversight, or legal authorities charged with preventing misconduct, abuse, and neglect or controlling disease, injury, or disability.
- **Correctional Institution:** Should you be an inmate of a correctional institution, CGHC may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
- **Law Enforcement:** We may disclose your health information to law enforcement only when permitted by HIPAA and other applicable law, such as in response to a valid court order, subpoena, summons, or similar legal process that meets HIPAA requirements, or when disclosure is otherwise required by law.
- **Substance use disorder records received from other providers (42 CFR Part 2):** CGHC is not a substance use disorder treatment program under 42 CFR Part 2. However, we may receive substance use disorder (SUD) records from other providers or programs that are subject to 42 CFR Part 2 (and 42 U.S.C. 290dd-

2). If we receive Part 2 protected records, we will follow applicable Part 2 requirements, which may limit how we can use or disclose that information, including in some circumstances for treatment, payment, and health care operations.

- **Part 2 and additional consent requirements:** If we receive or maintain substance use disorder records that are protected by 42 CFR Part 2, those records may be subject to additional limits beyond HIPAA. When Part 2 applies, some uses and disclosures that HIPAA would otherwise allow for treatment, payment, and health care operations may require your written consent, unless an exception under Part 2 permits the use or disclosure.
- **Limits on use or disclosure in certain proceedings:** Substance use disorder treatment records received from programs subject to 42 CFR part 2, or testimony relating the content of such records, will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against an individual unless based on the individual's written consent, or a court order issued after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 CFR part 2.
- **Federal and State laws** make provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a workforce member or business associate believes in good faith that CGHC has engaged in unlawful conduct or has otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.
 - **Health Information Organization (HIO):** CGHC may use a HIO to facilitate the exchange of protected health information for treatment purposes, provided it has a business associate agreement with the HIO that requires the HIO to protect the information.
 - **Health Oversight Activities:** CGHC may share health information for accreditations, audits, investigations, inspections, and licensure. The government must monitor the health care system, government programs, and laws.

Photography of patients:

- Photography of patients for identification purposes: This process will ensure that all patients can be correctly identified to reduce and, where possible, eliminate the risks and consequences of misidentification. We will respect the wishes of patients who do not provide informed consent to have their photographs taken.
- Photography of patients for **publicity/advertising** purposes: Before using such films or photographs of our patients – a Consent to Photograph will be signed by the patient along with the purposes for which photographs will be used.
- Photography of patients for **patient care**: CGHC is authorized to take and/or use photographs for clinical use only to help in the care of our patients.

For More Information:

Secretary of the Department of Health and Human Services
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free (877) 696-6775
<http://www.hhs.gov/ocr/privacy>

If you have questions and want additional information, contact the Compliance Officer at:

Cibola General Hospital
Attn: Compliance Officer
1016 E. Roosevelt Avenue.
Grants, NM 87020
505-287-5305



<https://cibolahospital.com/contact-us/>

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR):

- (800) 368-1019,
- TDD (800) 537-7697
- Online at:
 - OCR Complaint Portal (file online): <https://ocrportal.hhs.gov/>
 - HIPAA "Filing a Complaint" instructions: <https://www.hhs.gov/hipaa/filing-a-complaint/>
 - OCR general complaints page: <https://www.hhs.gov/ocr/complaints/>

You may also file a complaint the Compliance Officer using the contact information listed above or using this url:

<https://cibolahospital.com/complaint-grievance-form/>

We will not retaliate for filing a complaint.