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## Cibola General Hospital, Inc. **Notice of Privacy Practices**

This notice describes how information about you may be used and disclosed and how you can get access to this information at Cibola General Hospital, Inc. and its subsidiaries. We will not use or disclose your health information without your authorization, except as described in this notice.

Please review it carefully.

### *Understanding How Your Protected Health Information is Used.*

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. 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 actually provided
- A tool in 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 health care 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 restrictions on uses 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 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 as long as we notify you of the cancelation and continue to apply the restriction to information collected before the cancelation.
    - 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 are required to 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 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 the cost of copying, mailing or other supplies associated with your request.
- If the facility uses or maintains an electronic health record with respect to 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 in providing the electronic copy.
- Amend your health record as provided in 45 CFR 164.524:
  - If you feel that 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 CGH, 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 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.
- SPECIAL PROTECTIONS FOR SUBSTANCE ABUSE, HIV, MENTAL 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, and genetic information.
- RIGHT TO RECEIVING NOTICE OF A BREACH:
  - CGH 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**

This organization is required to:

- Maintain the privacy of your protected health information
- Provide you with a notice as to our legal duties and privacy practice with respect to 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 CGH if there is a breach of our Privacy Practices or breach of reportable unsecured protected health information.

CGH 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, Inc.

### **Examples of Disclosures for Treatment, Payment and Health Care Operations**

#### **CGH will use your protected health information for treatment.**

For Example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his/her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observation. In that way, the physician will know how you are responding to treatment.

CGH will also provide your physician or a subsequent health care provider with copies of various reports that should assist him/her in treating you once you are discharged from CGH.

#### **CGH will use your protected health information for payment.**

For Example: A bill may be sent to you or to a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

#### **CGH will use your protected health information for regular health care operations.**

For Example: 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.

#### **CGH may also disclose your protected health information for the following activities:**

**Business Associates:** There are some services 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 that 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, CGH requires the Business Associate to appropriately safeguard your information.

**Facility Directory:** Unless you notify the facility that you have opted out of the hospital's directory, the facility will use your name, location in the facility, 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, CGH will not be able to tell your family or friends your room number or that you are in the hospital.

Notification: CGH may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your 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: CGH 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: CGH may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, CGH may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: CGH may contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may opt out of receiving these types of contacts and communications.

Fundraising Activities: If CGH intends to use your medical information for fund-raising purposes, CGH will inform you of such intent and let you know that you have the right to opt-out of receiving fundraising communications. CGH might use such information to contact you in an effort to raise money for CGH and its operations. CGH may disclose information to a foundation related to CGH so that the foundation may contact you about raising money for the CGH. CGH would only release contact information, such as your name, address, phone number and the dates you received treatment or services at CGH. If you do not want CGH to contact you for fundraising efforts, you must notify us in writing and you will be given the opportunity to opt-out of these communications.

Food and Drug Administration (FDA): CGH may disclose to the FDA, health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Worker's Compensation: CGH 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 required by law, CGH 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, CGH may disclose to the institution or agents thereof, health information necessary for your health and the health and safety of other individuals.

Law Enforcement: CGH may disclose health information for law enforcement, purposes as required by law or in response to a valid subpoena or Court Order.

Federal law makes 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 CGH has engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Health Information Organization (HIO): CGH 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: CGH may share health information for accreditations, audits, investigations, inspections, and licensure. This is necessary for the government to 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 in order 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 photograph taken.
- Photography of patients for **publicity/advertising** purposes: Prior to 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**: CGH is authorized to take and/or use photographs for clinical use only to help in the care of our patients.

**For More Information or to Report a Problem:**

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

If you have questions and would like additional information, you may contact the Privacy Officer at 505-287-5240, or if you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer at Cibola General Hospital, 1016 E. Roosevelt Avenue. There

will be no retaliation for filing a complaint.

<http://www.hhs.gov/ocr/privacy>

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Patient Signature or Legal Representative

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Date:

REVISION DATE: November 18, 2013

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