

## WHO WILL FOLLOW THIS NOTICE

Craig Hospital, members of the Craig Hospital medical staff and allied health professional staff will follow this Notice. All of these entities, sites and locations follow the terms of this Notice and may share medical information with each other for treatment, payment or health care operation purposes described in this Notice.

This Notice describes our hospital's practices and that of:

- Any health care professional authorized to enter information into your hospital chart
- Members of the medical staff
- Allied health professionals
- All departments and units of the hospital
- Any member of a volunteer group we allow to help you while you are in the hospital
- All employees, staff and other hospital personnel including contract personnel and Business Associates

Joint Notice by Craig Hospital and its Medical Staff and Allied Health Professional Staff: Craig Hospital and its medical staff and allied health professional staff have agreed to jointly participate in an Organized Health Care Arrangement (OHCA). This allows all members of the OHCA to share protected health information with each other about you as necessary to carry out treatment, payment, or health care operations relating to the arrangement.

## OUR PLEDGE REGARDING YOUR 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 hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the hospital, whether made by hospital 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. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- keep medical information about you private;
- give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the Notice that is currently in effect.

**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**

## HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe the different ways that we 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:

**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 hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a spinal cord injury or brain injury 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 hospital 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 also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members or others we use to provide services that are part of your care including other hospitals, long term care facilities or other medical facilities. To properly identify you and assist those involved in your care, we will place your name on a nameplate on the outside of your room and take a picture of you for identification purposes.

**Payment** We may use and disclose medical information about you so that the treatment and services you received at the hospital may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. Our staff may assist you in filling out forms and submitting medical data about you to others involved in payment of your bill. We will send billing information to you so you know the status of payment of your hospital bill.

**Health Care Operations** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that

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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 hospital patients to decide what additional services the hospital 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 hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We will 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. We may contact you to ask for feedback on your satisfaction with our services.

**Participation in Health Information Exchange** Craig Hospital endorses, supports, and participates in electronic Health Information Exchange (HIE) as a means to improve the quality of your health and healthcare experience. HIE provides us with a way to securely and efficiently share patients' clinical information electronically with other physicians and health care providers that participate in the HIE network. Using HIE helps your health care providers to more effectively share information and provide you with better care. The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care. Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. However, you may choose to opt-out of participation in the CORHIO HIE, or cancel an opt-out choice, at any time.

**Business Associates** We may disclose medical information about you to certain business partners, so that they may help us do our jobs. These business partners are required by our contract to protect your health information.

**Follow-Up Appointment Reminders** We may use and disclose medical information to contact you as a reminder that it is time for you to set up an appointment or to remind you of an appointment that you already have with us for treatment or medical care at the hospital.

**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 and services that may be of interest to you.

**Future Communications** We may communicate with you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs or other

community based initiatives or activities in which our facility is participating.

**Hospital Directory** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information includes your name, location in the hospital, your general condition (e.g. fair, stable, etc.) and your religious affiliation. We may disclose this information to members of the clergy; or to other persons who ask for you by name. If you do not want your name in the hospital directory, please inform the Admissions Office.

**Fundraising Activities** We may use medical information about you to contact you in an effort to raise money for the hospital and its operations. We may disclose medication information to the Craig Hospital the Craig Hospital Foundation so that the Foundation may contact you in raising money for the hospital. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the hospital. If you are contacted in our fundraising effort, you will have the opportunity to opt out of receiving further fundraising communications from us.

**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. We may also give information to someone who helps pay for your care. If you do not want us to share information with your family or friends, please inform the Admission's Office. In addition, we may also 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.

**Research** We may use and disclose medical information about you for research purposes. You will not be involved in any research involving experimental treatment without first granting informed consent to participate in research and authorizing medical information to be used for research purposes. Your medical information will not be used for research purposes without your specific authorization unless an Independent Review Board or Privacy Board grants a waiver of authorization.

## **USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION**

**Psychotherapy Notes** Although we do not anticipate maintaining your psychotherapy notes, in the extent that we do maintain such psychotherapy notes, use and disclosures of such notes, with limited exception.

**Marketing** Uses and disclosures of our protected health information for marketing purposes.

**Sale of Protected Health Information** Any disclosure of your protected health information that would result in remuneration to us. Such disclosures will be made only in accordance with your authorization.

## **CERTAIN USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION**

**Required by Law** Uses and Disclosures required by federal, state or local law.

**To Avert a Serious Threat to Health or Safety** To prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Organ and Tissue Donation** If you are an organ donor, we may release medical information to organizations

that handle organ procurement 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.

**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 Reporting** 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 spinal cord injuries; head injuries; births; deaths; occurrences; child abuse and neglect; communicable diseases, including HIV/AIDS, venereal diseases, rabies and animal bites, environmental and chronic diseases, and tuberculosis; 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;
- to report injuries caused by weapons or involved in a crime;
- to report populated based activities relating to improving or reducing health care costs.

**Health Oversight Activities** We may disclose medical information to a government agency that has authority to audit, investigate, inspect and license our operations.

**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, subpoena, discovery request or other lawful process

**Law Enforcement** We may release medical information if asked to do so by a law enforcement Officer:

- 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 hospital; 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 hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities** We may release medical information about you to authorized federal Officers so they may provide protection to the President and other authorized persons.

**Inmates** If you are an inmate of a correctional institution or under the custody of a law enforcement Officer, we may release medical information about you to the correctional institution or law enforcement Officer. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the safety of others; or (3) for the safety and security of the correctional institution.

**Secretary of Health and Human Services for HIPAA rules compliance and enforcement**

**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. Send your request to the Craig Hospital Privacy Officer/HIM Director. 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 you.

#### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

**Right to Inspect and Copy** You have the right to access and receive copies of your medical information in accordance with Colorado Law C.R.S. § 25-1-801. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Craig Hospital Privacy Officer/HIM Director. We may deny your request to inspect and copy in certain very limited circumstances in accordance with Colorado Law.

**Right to Receive an Electronic Copy of your Electronic Protected Health Information** If you request an electronic copy of your protected health information (including electronically linked information) that we maintain in an electronic designated record set, you have the right to be provided with access to that electronic information in the form or format that you request, if it is readily producible by us in the requested form or format. If the electronic information is not readily producible in your requested form or format, we will provide the electronic information in a form or format to which we agree. If you reject the form or format of electronic information that we are able to produce, we will provide a hard copy of the information to you. If we maintain your information in mixed media format (electronic and hard copies), we will provide you with a copy of your information in that same mixed media format. If you request that we provide your electronic information in an unencrypted format (e.g. unsecure email), we will require your agreement to the risks of such transmission. If you so request, we will transmit

your electronic information to a third party designated by you.

**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 hospital. To request an amendment, your request must be made in writing and submitted to Craig Hospital Privacy Officer/HIM Director. 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. 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 hospital; 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” for the six (6) years prior to your request for the accounting. This is a list of the disclosures made by Craig Hospital of your medical information. You will not receive an accounting of disclosures for treatment, payment, and healthcare operations; disclosures made to you; disclosures made pursuant to an authorization; incidental disclosures; disclosures of information for notification purposes, for disaster relief purposes, and to persons involved in your care; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement officials having custody of you; and disclosures made as part of a limited data set. You may receive one (1) free accounting during a twelve (12) month period. If you request more than one (1) accounting you will be charged a fee. 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. Your request for an accounting should be made in writing to the Craig Hospital Privacy Officer/HIM Director.

**Right to Receive Notice of Breach** We have a duty to notify you of a breach of your unsecured protected health information.

**Right to Request Restrictions** You have the right to request a restriction or limitation of 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 required to agree to your request only if 1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (and not treatment purposes), **and** 2) your information pertains solely to health care services for which you have paid in full, out of pocket. However, we are not required to comply with your request if your payment is not honored, or for other services that may be related to or in follow up to the services for which you have paid in full, if you did not also pay for these additional services in full. For other

requests, we are not required to agree. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Craig Hospital Privacy Officer/HIM Director. In your request, you 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.

**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, you must make your request in writing to the Craig Hospital Privacy Officer/HIM Director. Your request must specify how or where you wish to be contacted. We will honor all reasonable requests.

**Right to a Paper Copy of This Notice** You will be given a copy of this Notice upon your first admission to the hospital. You have the right to a paper copy of this Notice at any time, even if you initially received this Notice electronically. You may obtain a copy of this Notice from the Admissions Department, or at our website, at [www.craighospital.org](http://www.craighospital.org) or by contacting the hospital's Privacy Officer at (303) 789-8315.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice and our policies at any time. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. The current Notice will be posted in the Admissions area of the hospital and include the effective date. We will post the current version on our website. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services Office of Civil Rights. To file a complaint with the hospital, contact the Craig Hospital Privacy Officer/HIM Director. You will not be penalized for filing a complaint.

*If you have any questions about this Notice or wish to make a request in writing please contact the Craig Hospital Privacy Officer/Health Information Management (HIM) Director at:*

Craig Hospital

Attention: Privacy Officer/HIM Director

3425 S. Clarkson Street

Englewood, Colorado 80113 (303) 789-8315