

# **Notice of Privacy Practices**

## What Are Your Rights?

Right to Request Your Medical Information: You have the right to look at your own medical information and to get a copy of that information. (The law requires us to keep the original record.) This includes your medical record, your billing records, and other records we use to make decisions about your care. To request your medical information, submit a written request to: Mt. Graham Regional Medical Center, Health Information Management, 1600 S. 20th Avenue, Safford. AZ. 85546.

If you request a copy of your information, we will charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost.

## Right to Request Amendment of Medical Information You Believe Is Erroneous or Incomplete:

If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To make a request to amend your medical information, submit a written request to: Mt. Graham Regional Medical Center, Health Information Management, 1600 S. 20th Avenue, Safford, AZ. 85546

#### Right to Get a List of Certain disclosures of Your Medical Information:

You have the right to request a list of many of the disclosures we make of your medical information. If you would like to receive such a list, submit a written request to: Mt. Graham Regional Medical Center, Health Information Management, 1600 S. 20th Avenue, Safford, AZ. 85546

# Right to Request Restrictions on How the Hospital will use or disclose your Medical Information for Treatment, Payment, or Health Care Operations:

You have the right to request us not to make uses or disclosures of your medical information to treat you, to seek payment for care, or to operate the hospital. We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request a restriction, submit your detailed request in writing to: Mt. Graham Regional Medical Center, Health Information Management, 1600 S. 20th Avenue, Safford, AZ. 85546

#### **Right to Request Confidential Communications:**

You have the right to request us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, submit your request in writing to: Mt. Graham Regional Medical Center, Health Information Management, 1600 S. 20th Avenue, Safford, AZ. 85546

You can also ask to speak with your healthcare providers in private outside the presence of other patients.

#### Right to a Paper Copy:

You may download a paper copy of the notice from our website at: www.mtgraham.org or you may request a paper copy of the notice at: Mt. Graham Regional Medical Center, Health Information Management, 1600 S. 20th Avenue, Safford, AZ. 85546



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## Changes to this Notice

From time to time, we may change our practices concerning how we use or disclose patient medical information or how we will implement patient rights concerning their information. We reserve the right to change this notice and to make the provisions in our new notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current notice of Privacy Practices at any time from hospital personnel.

## Which Health Care Providers are Covered by this Notice?

This Notice of Privacy Practices applies to the hospital and its personnel, volunteers, students and trainees. The notice also applies to other health care providers that come to the hospital to care for patients, such as physicians, physician assistants, therapists, and other health care providers that are not employed by the hospital, emergency service providers, medical transportation companies, and medical equipment and supplies that come to the hospital. These health care providers will follow this notice for information they receive about you from the hospital. These other health care providers may follow different practices at their own office or facilities.

#### Do you have Concerns or Complaints?

Please tell us about any problems or concerns you have with your privacy rights or how the hospital uses or discloses your medical information. If you have a concern, please contact: Risk Management at 928-348-4291. If for some reason the hospital cannot resolve your concern, you may also file a complaint with the federal government. To file a complaint agains the hospital, contact: Regional Manager, CMS Region IX, 50 United Nations Plaza, Rm. 322, San Francisco, CA. 94102

We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

#### Do you have Questions?

The hospital is required by law to give you this notice and to follow terms of the notice that is currently in effect. If you have questions about this notice, or have further questions about how the hospital may use and disclose your medical information, please contact: Risk Management at: (928) 348-3850 or the Privacy Officer at (928) 348-4027.