
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE DOCUMENT CAREFULLY.

At Mount Graham Regional Medical Center, we understand that your medical information and your health is personal. Our hospital, clinics and staff are committed to protecting your medical information. We are required by federal and state laws to maintain the privacy of your medical information and to give you this notice explaining our privacy practices and how we may use and disclose your medical information. This notice explains your rights and our legal obligations regarding the privacy of your medical information. We are required to follow the notice currently in effect.

Mount Graham reserves the right to change this notice and to make the new provisions effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. A copy of the current Notice of Privacy Practices is available at the Hospital's admitting department, each of our clinics and on our web site, www.mtgraham.org.

How Mt. Graham and its Clinics May Use and Disclose Your Protected Health Information

Treatment: Your medical information may be used or disclosed to provide medical services and supplies to you. As an example, we may use or disclose your medical information to physicians, nurses, pharmacists, laboratories, and other healthcare providers to ensure they have the necessary information to diagnose, treat or provide a service.

Payment: Your medical information may be used and disclosed to enable us to be paid for the services we provide to you. As an example, we may need to give your health plan information about your treatment for your health plan to pay for that treatment.

Health Care Operations: We may use and disclose your medical information to support our business activities. As an example, we may use or disclose your medical information to assist in the evaluation of our physicians and staff, to conduct quality assessment, to train clinicians and staff members, for billing audits, or as necessary to support our accounting or legal services.

Business Associates. "Business Associates" are outside people and entities who provide services to us. Examples of these "business associates" include our medical record vendors, accountants, consultants, and attorneys. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. We require the business associates to safeguard your information so that it is protected.

Appointment Reminders/Treatment Alternatives/ Health-Related Services: We may use and disclose your medical information to contact you to remind you that you have a scheduled medical appointment or to advise you of treatment options or alternatives or health related benefits and services which may be of interest to you.

As Required by Law: We will disclose your medical information about you when required to do so by law. For instance, we are required to report child abuse or neglect to law enforcement.

To Your Family and Friends and Persons Involved in Your Care; Notification: We may disclose your health information to a family member, friend or other person involved in your care to the extent necessary to help with your healthcare or with payment for your healthcare. We may also use or disclose your medical information to notify, or assist in the notification, of a family member, a personal representative, or a person responsible for your care of your location, general condition, or death. If you do not want us to disclose your medical information to family members or others in these circumstances, please notify our HIPAA Privacy Officer by calling 928-348-4000 and asking for the HIPAA Privacy Officer, or by sending an email to compliance@mtgraham.org.

Disaster Relief: We may disclose your medical information to disaster relief organizations to help locate individuals during a disaster.

Research: We may use or disclose your medical information for research, such as studying the effectiveness of a drug or treatment you received. We may only disclose your medical information for research purposes if you authorize us to do so or if certain conditions are met using safeguards to protect your confidentiality.

Public Health Activities: We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We also may need to report patient problems with medications or medical products to the FDA. We may also need to report problems to suppliers so that patients may be notified about product recalls.

Health Oversight Activities: We may disclose medical information to a government agency that oversees our clinic or its personnel, such as, but not limited to, the Arizona Department of Health Services, the federal agencies that oversee the Medicare and Medicaid programs, the Arizona Medical Board, or the Arizona State Board of Nursing. These agencies need medical information to monitor compliance with state and federal laws. **Judicial and Administrative Proceedings:** We may be ordered to disclose information by a court or in response to a subpoena.

Worker's Compensation: We 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 Safety: In some circumstances, we may need to disclose medical information to law enforcement officials. For example, we may disclose medical information in response to a search warrant or a grand jury subpoena, or to assist law enforcement officials in identifying or locating a missing person, to report deaths that may have resulted from criminal conduct, and to report criminal conduct on our premises. We may also disclose your medical information as necessary to avert a serious threat to your health or safety or the health or safety of others.

Coroners, Medical Examiners and Funeral Directors: We may disclose medical information concerning deceased patients to coroners, medical examiners, and funeral directors to assist them in carrying out their duties.

Organ and Tissue Donation: We may disclose medical information to organizations that handle organ, eye or tissue donation or transplantation if you have previously agreed to organ donation.

Security: We may disclose your medical information to military authorities of the Armed Forces or foreign military personnel under certain circumstances; to authorized federal officials for lawful intelligence, counterintelligence, or other national security activities, and to protect the president; and to a correctional institution or law enforcement official having lawful custody of an inmate or patient under certain circumstances.

Charitable Contributions: We may contact you in the future to raise donations for us or our programs. You have the right to opt out of receiving such communications. If you do not want to be contacted for fundraising, please call (928)348-3748 or e-mail: dsmith@mtgraham.

Information with Additional Protection: Certain types of medical information have additional protection under federal and state law. In some circumstances, we will require your consent to disclose information about communicable disease and HIV/AIDS, genetic testing, and mental health treatment.

Psychotherapy Notes: We will not use or disclose your psychotherapy notes without your authorization, unless the use is by the person who wrote the notes for purposes of treatment, for training of medical or counseling professionals, or for us to defend ourselves in a legal proceeding brought by you. In addition, any other disclosure or use of psychotherapy notes must be to the Department of Health and Human Services; required by law; for the health oversight of the practitioner that wrote the notes; to the coroner or medical examiner; or to avert a serious threat to the health or safety of a person or the public.

Any other uses and Disclosures not recorded in this Notice. Uses and disclosures not otherwise described in this notice will be made only with your written authorization, such as any sale of your medical information, or the use or disclosure of your medical information for marketing goods or services to you where we are paid to make the communication. You may revoke the authorization at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose your medical information, except to the extent that the clinic and its staff has taken an action in reliance on the use or disclosure indicated in the authorization.

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. This includes your medical record, your billing records, and other records we use to make decisions about your care, subject to some limited exceptions. To request your medical information, submit a request to: Mt. Graham Regional Medical Center, Health Information Management, 1600 S. 20th Avenue, Safford, AZ. 85546, or by faxing a request to Health Information Management at 844-660-4726, or emailing mrinfo@mtgraham.org.

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. If you are denied access to information, in some cases you will have the right to request a review of the denial.

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, or by faxing a request to Health Information Management at 844-660-4726, or emailing mrinfo@mtgraham.org. If you are denied the requested amendment, you may submit a statement disagreeing with the decision or request that we include your request and the denial with future disclosures of the information that was the subject of your request.

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

You have the right to request a list (or accounting) of certain disclosures we, or others on our behalf, make of your medical information. This does not include disclosures we make for treatment, payment, our health care operations or certain other exceptions. 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, or by faxing a request to Health Information Management at 844-660-4726, or emailing mrinfo@mtgraham.org. The first accounting provided within a 12-month period will be free. For further requests, we may charge you our cost.

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 that we not use or disclosure your medical information to treat you, to seek payment for care, or for our health care operations. We are not required to agree to your request unless your request is to not share your medical information with your health insurer about a service which you (or someone other than your insurer) has paid us in full and where the disclosure is for the purpose of carrying out payment or health care operations, and not otherwise required by law. If we do agree to restrict the disclosure of your medical information, we will comply with that agreement, except as needed to provide you emergency treatment. 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, or by faxing a request to Health Information Management at 844-660-4726, or emailing mrinfo@mtgraham.org.

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, or by faxing a request to Health Information Management at 844-660-4726, or emailing mrinfo@mtgraham.org. We will abide by your reasonable request.

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, even if you have agreed to receive it electronically, by sending a written request to: Mt. Graham Regional Medical Center, Health Information Management, 1600 S. 20th Avenue, Safford, AZ. 85546, or by faxing a request to Health Information Management at 844-660-4726, or emailing mrinfo@mtgraham.org.

Which Health Care Entities and Providers are Covered by this Notice?

This Notice of Privacy Practices applies to Mt. Graham Regional Medical Center and all facilities under its hospital license including Copper Mountain Clinic, Mt. Graham Surgical Associates, Mt. Graham OB/GYN, and their personnel, volunteers, students and trainees. The notice also applies to other health care providers that come to Mt. Graham facilities to care for patients, such as physicians, physician assistants, therapists, and other health care providers that are not employed by Mt. Graham.

Do you have Concerns or Complaints?

Please tell us about any problems or concerns you have with your privacy rights or how Mt. Graham uses or discloses your medical information. If you have a concern, please contact: Risk Management at 928-348-3850. You may also file a complaint with the U.S. Department of Health and Human Services Office for 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/.

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

Do you have Questions?

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.

Effective Date of this Notice: 1 June 2023