



Tuba City Regional Health Care Corporation Notice of Privacy Practices

IMPORTANT: This Notice describes how your medical information can be used, disclosed and how you can get access to the information used. Please review it carefully.

This notice applies to all patients of Tuba City Regional Health Care Corporation (TCRHCC), Sacred Peaks Clinics, Cameron Clinic, Mobile Units, Lechee Clinic and Bodaway Gap Clinic (collectively and individually referred to as “Facility”).

Tuba City Regional Health Care Corporation (TCRHCC) is required by law to protect your health care information known as **Protected Health Information (PHI)** and to provide you with this Notice of Privacy Practices (“Notice”).

We respect your privacy and treat all health care information about our patients with care under strict policies of confidentiality and our staff are always committed to following the policies.

Purpose of this Notice: This Notice describes TCRHCC’s responsibilities, your legal rights, advises you of our privacy practices, and lets you know how TCRHCC is permitted to use and disclose Protected Health Information (PHI) about you. You can access and copy that information. You may request amendment of your information. You may request restrictions on our use and disclosure of your PHI. We may use this information described in this Notice without your permission. There are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

Uses and Disclosures of PHI: TCRHCC may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of how this will happen:

Treatment: We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, healthcare professions students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers and others involved in your care. **For example**, your physician will have access to your medical record to assist in your treatment and follow-up care. We may contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health related services available to you.

Payment: We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, your health plan or Health Insurance Company may ask to see parts of your medical record before they will pay us for your treatment. **For example:** A bill may be sent to you or your insurance payer. The

information on or accompanying the bill may include PHI that identifies you, as well as your diagnosis, procedures, and supplies used.

Health Care Operations: This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes. **For example:** Members of the medical staff or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case. This information can be used improve the quality and effectiveness of the healthcare and service we provide.

Other Situations Where TCRHCC May Use and Disclosure of PHI without Your Authorization: TCRHCC is permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

- Business Associates: TCRHCC provides some healthcare services and related functions through the use of contracts with business associates. For health care fraud and abuse detection or for activities related to compliance with the law;
- Interpreter services: this may require the use or disclosure of your personal health information to the interpreter;
- We may disclose your medical information to a family member or friend who is involved in your medical care or to someone who helps to pay for your care. We may also disclose your medical information to disaster relief organizations to help locate a family member or friend in a disaster. If you do not want the Facility to disclose your medical information to family members or others who will visit you, please notify your nurse;
- To provide alternative treatment, other health-related benefits and services. TCRHCC may contact you to provide information about alternative treatment or other health-related benefits and services that may be of interest to you;
- To provide you better services, TCRHCC may contact you reminding you of an appointment for medical care at TCRHCC or inform you of a missed appointment;
- To a public health authority in certain situations (such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law);
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;

- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers’ compensation purposes, and in compliance with workers’ compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
 - Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization, (the authorization must specifically identify the information we need to use or disclose, as well as when and how we use or disclose it).
 - You may change your authorization at any time, in writing, except when we have already used or disclosed medical information based upon that authorization.

Other Situations Where TCRHCC May Use and Disclosure of PHI without Your Authorization: TCRHCC is required to get your permission whenever we are going to do one of the following:

- For research and or genetic research projects, but this will be subject to strict oversight and approvals and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law;
- For Marketing purposes that promote TCRHCC and its services;
- For Fundraising activities that benefits our patients and Facilities.

Patient Rights: As a patient, you have rights to respect and protect your PHI, including:

The Right to Access, Copy or Inspect Your PHI. You may come to our offices to inspect and request a copy of your medical information. We will provide you this information within 30-days of your request. Note that we may charge a fee for more than one copy of your medical information. In limited situations, we may deny you access to your medical information, and you may appeal certain types of denials.

We have forms available for you to request access to your PHI. We will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the office listed at the end of this Notice.

The Right to Amend Your PHI. You have the right to ask us to amend written or electronic medical information that we have about you. If errors are found, we will generally amend your information within 60

days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information, but only in certain situations.

[The Right to Request an Accounting of Uses and Disclosures of Your PHI.](#)

You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations. We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting of Uses or Disclosures, you should contact the office listed at the end of this Notice.

[The Right to Request that we Restrict Uses and Disclosures of Your PHI.](#)

You have the right to request restrictions on how we use and disclose your medical information that we have about your treatment, payment or health care operations. You can also restrict your medical information to family, friends and other individuals involved in your health care. However, if you request restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we will use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. TCRHCC is not required to agree to any restrictions you request, but any restrictions agreed to by TCRHCC are binding on TCRHCC.

[Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request.](#)

We will post a copy of this Notice on our web site and make the Notice electronically available through the web site. If you want a copy of this, we can send you this Notice by electronic mail instead of on paper. You may always request a paper copy of the Notice.

[The Use of Patient Portal:](#)

We use Allscripts as our electronic health record (EHR) for documentation of health care services you receive at this facility. We are now allowing you to access your electronic patient information through the Patient Portal. You have the option to participate or not; if you chose to participate, provide your electronic mail (e-mail) address to patient registration, your provider or clinical support staff. You will have an option to register and get access to your medical information. By receiving this Notice, you understand that TCRHCC may use your patient information for internal tracking purposes.

[Revisions to the Notice.](#)

TCRHCC reserves the right to change the terms of this Notice at any time. The changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site. You can get a copy of the latest version of this Notice by contacting the office listed at the end of this Notice.

[Your Legal Rights and to File a Complaint.](#)

If you believe your privacy rights have been violated, you have the right to file a complaint to us or directly to the Secretary of the United States Department of Health and Human Services. You will not be treated differently for filing a complaint with us or to the Government. Should you have any questions, comments or complaints you may direct all inquiries to the office listed at the end of this Notice.

[Disclosures by Whistleblowers.](#) If a TCRHCC employee or contractor (business associate) in good faith believes that TCRHCC has engaged unlawful conduct or otherwise violates your privacy rights, a staff member of TCRHCC is allowed to share information to:

- Meet Public Health or Health Oversight Authorities authorized by law to investigate or otherwise oversee the conduct or conditions, or the suspected Facility for the purposes of reporting the allegation of failure to meet professional standards or misconduct by TCRHCC; or
- An attorney on behalf of the workforce member, or contractor (business associate) or hired by the workforce member or contractor (business associate) for the purpose of determining their legal options regarding the suspected violation.

[You are Receiving this Notice because Your Healthcare Provider Participates in a Non-profit, Non-governmental Health Information Exchange \(HIE\) called Health Current.](#)

It will not cost you anything and can help your doctor, healthcare providers, and health plans better coordinate your care by securely sharing your health information. This Notice explains how the HIE works and will help you understand your rights regarding the HIE under state and federal law.

[What Health Information is Available through Health Current?](#)

The following types of health information may be available:

- Hospital records
- Medical history
- Medications
- Allergies
- Lab test results
- Radiology reports
- Clinic and doctor visit information
- Health plan enrollment and eligibility
- Other information helpful for your treatment

[Who Can View Your Health Information through Health Current and When Can it be Shared?](#)

People involved in your care will have access to your health information. This may include your doctors, nurses, other healthcare providers, health plan and any organization or person who is working on behalf of your healthcare providers and health plan. They may access your information for treatment, care coordination, care or case management, transition of care planning and population health services.

You may permit others to access your health information by signing an authorization form. They may only access the health information described in the authorization form for the purposes stated on that form. Health Current may also use your health information as required by law and as necessary to perform services for healthcare providers, health plans and others participating with Health Current.

[How is Your Health Information Protected?](#) Federal and state laws, such as HIPAA, protect the confidentiality of your health information. Your information is shared using secure transmission. Health Current has security measures in place to prevent someone who is not authorized from having access. Each person has a username and password, and the system records all access to your information.

Your Rights Regarding Secure Electronic Information Sharing You have the right to:

- Ask for a copy of your health information that is available through Health Current. Contact your healthcare provider and you can get a copy within 30 days.
- Request to have any information in the HIE corrected. If any information in the HIE is incorrect, you can ask your healthcare provider to correct the information.
- Ask for a list of people who have viewed your information through Health Current. Contact your healthcare provider and you can get a copy within 30 days. Please let your healthcare provider know if you think someone has viewed your information who should not have.

You have the right under article 27, section 2 of the Arizona Constitution and Arizona Revised Statutes title 36, section 3802 to keep your health information from being shared electronically through Health Current: You may “opt out” of having your information available for sharing through Health Current. To opt out, ask your healthcare provider for the Opt-Out Form. After you submit the form, your information will not be available for sharing through Health Current.

- Caution: If you opt out, your health information will NOT be available to your healthcare providers even in an emergency.
- You may exclude some information from being shared. For example, if you see a doctor and you do not want that information shared with others, you can prevent it. On the Opt-Out Form, fill in the name of the healthcare provider for the information that you do not want shared with others.
- Caution: If that healthcare provider works for an organization (like a hospital or a group of physicians), all your information from that hospital or group of physicians may be blocked from view.
- If you opt out today, you can change your mind at any time by completing an Opt Back-In Form that you can obtain from your healthcare provider.
- If you do nothing today and allow your health information to be shared through Health Current, you may opt out in the future.

IF YOU DO NOTHING, YOUR INFORMATION MAY BE SECURELY SHARED THROUGH HEALTH CURRENT.

[If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:](#)

Corporate Compliance Office at (928) 283 - 2452
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P.O. Box 600
Tuba City, Arizona, 86045

Effective Date of the Notice: 09/28/2020