



YAVAPAI  
REGIONAL  
MEDICAL  
CENTER

# PRIVACY NOTICE

**EFFECTIVE:** APRIL 14, 2003

Yavapai Regional Medical Center ("YRMC") understands that your medical information is personal to you. YRMC will act reasonably to protect your personal medical information. To provide quality medical services to you, YRMC is required to create a record of the care and services you receive and to comply with applicable law regarding your medical information.

This notice applies to all of the records of your care that YRMC maintains, which includes records created by YRMC staff or by your personal doctor.

Applicable law requires that YRMC: • Exercise reasonable efforts to keep your medical information about you private. • Provide to you an explanation of our legal duties and privacy procedures with respect to your medical information, as set forth in this notice. • Follow the terms of this Privacy Notice, as may be in effect from time to time.

## REASONABLE USE AND DISCLOSURE OF MEDICAL INFORMATION

1. If you are admitted as a patient to YRMC and, unless you tell us otherwise, you will be listed in the patient directory under your name, your location in the hospital, your condition and your religious affiliation. This is so that your family, friends, and clergy can visit you in the hospital and know how you are doing. YRMC may release this information, except your religious affiliation, to anyone who asks about you by name. Your religious affiliation may be disclosed to a clergy member even if they do not ask for you by name.

2. YRMC may use certain information (name, address, telephone number, dates of service, age and gender) to contact you in the future to raise money for Yavapai Regional Medical Center. YRMC may also provide this information to its institutionally-related foundation, the YRMC Foundation, for the same purpose. The money raised will be used to expand and improve the services and programs YRMC provides to communities it serves.

3. YRMC may disclose medical information about you to a friend or a family member who is involved or is assisting in your medical care, or to disaster relief authorities so that your family can be notified of your location and condition.

4. In the course of treatment, YRMC may also contact you for appointment reminders, or to tell you about recommended treatment options, alternatives, or health services and benefits that may be of interest to you.

5. YRMC may use and disclose medical information about you for reasonable treatment (for example, sharing your medical information with a specialist as part of a referral), to obtain or facilitate payment for treatment (for example, sending billing information to your insurance company or Medicare), and to facilitate YRMC's healthcare operations (for example, comparing patient data to improve treatment methods).

These uses and disclosures are necessary to run the hospital and to make sure that all of our patients receive quality care. For

example, YRMC 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 medical personnel for your treatment and 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 to determine where improvements can be made.

We will delete information that identifies you from this set of medical information so others may use it to study healthcare without learning the identity of YRMC's specific patients.

6. In addition, YRMC is permitted and may use or disclose medical information about you without your prior authorization for: (a) emergencies; (b) Workman's Compensation purposes; (c) funeral arrangements; (d) organ donation; (e) public health purposes; (f) abuse or neglect reporting; (g) health oversight audits or inspections; (h) research studies; (i) instances when required by law; (j) instances when necessary for your health and safety or the public's health and safety; (k) instances when required by military command authorities; or (l) coroners and funeral directors as may be necessary.

7. If asked to do so by a law enforcement official, YRMC may release medical information: (a) in response to a court order; (b) to identify or locate a suspect, fugitive, material witness or missing person; (c) about the victim of a crime; (d) about a death that may be the result of criminal conduct, under certain limited circumstances; (e) about criminal conduct at the hospital; or (f) to report a crime.

## YOUR RIGHTS

A. You have the right to receive and review a copy of your medical information in the possession of YRMC that YRMC used to make decisions about your care. You must submit the request in writing. YRMC may charge a fee for out-of-pocket costs to accommodate your request. If YRMC denies your request to review or obtain a copy, you may request a review of that decision. You must submit the request in writing.

B. You have the right to request that your medical information be communicated to you in a confidential manner. For example, you may request that we send mail to an address other than your home. You must notify YRMC in writing of the specific way or location for YRMC to use to communicate with you if you prefer some alternate location where you can be contacted.

C. You have the right to request that we correct your medical records if the information in your record is incorrect or incomplete. You must submit the request in writing. Please provide your reason for requesting the correction. YRMC may deny the request to correct the record if (1) the information was not created by YRMC, (2) it is not part of the medical information maintained by YRMC, or (3) YRMC determines the record is accurate. If you disagree with the decision of YRMC, you may request a review of that decision. Your request must be submitted in writing.

D. You have the right to an accounting of disclosure of your medical information other than disclosures for treatment, payment or healthcare operations, or when you have specifically authorized a disclosure. You must submit the request in writing. Your request must state the time period desired for the accounting, starting after April 14, 2003. Your request must be for a period of six (6) years or less. The first accounting provided to you in a twelve (12) month period is free. Thereafter, YRMC may charge you for the cost of producing the list, and you will be informed in advance of the costs so that you may choose to withdraw or modify your request before any costs are incurred.

E. You have the right to request that YRMC not use or disclose medical information about you for treatment, payment or healthcare operations or that YRMC not use or disclose your medical information to persons involved in your care, except when specifically authorized by you, when required by law, or in an emergency. You must submit the request in writing. In your request, you must tell us: (1) what information you want to limit; (2) if you want to limit our use or only the disclosure of the information, or both; and (3) to whom you want the limitation to apply. Your request will be given reasonable consideration. However, YRMC is not legally required to accept your request. You will be notified of YRMC's decision. For example, you could ask that YRMC not use or disclose information about a surgery you had to someone involved in your care or the payment of your care, like a family member or friend.

F. You have the right to a copy of this Privacy Notice. This notice shall be available at the Admission Desk. In addition, you may obtain a copy of this notice at our website at <http://www.yrmc.org>.

## REQUESTS, APPEALS OR COMPLAINTS

If you disagree with a decision YRMC has made about your medical information or records, or if you believe that your privacy rights may have been violated, please call YRMC's Corporate Compliance Officer at 928-771-5688, or you may submit your written statement addressed to the Corporate Compliance Officer at Yavapai Regional Medical Center, 1003 Willow Creek Road, Prescott Arizona 86301.

In addition, you may file a written complaint with the U. S. Department of Health and Human Services, Office of Civil Rights. YRMC's Corporate Compliance Officer will provide you the current address upon your request.

YRMC assures you that you will not be penalized or retaliated against for filing a request for review, appeal or complaint.

## CHANGES TO THIS NOTICE

YRMC reserves the right to change this notice as to any information we already have about you as well as any information we receive in the future. YRMC will post a copy of the current Privacy Notice in the hospital. In addition, each time you register at or are admitted to the hospital for treatment as an in-patient or out-patient, we will offer you a copy of the current notice in effect.