

Yavapai Community Hospital Association & Affiliates  
d/b/a Yavapai Regional Medical Center, an Arizona non-profit corporation

**NOTICE OF PRIVACY PRACTICES: Yavapai Regional Medical Center Physician Care, LLC.**

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.

We are committed to protecting the confidentiality of your medical information.

This Notice describes how we may use your medical information within the Yavapai Regional Medical Center Physician Care, LLC. ("Offices", "Office", "us" or "we") and how we may disclose it to others outside the Offices.

This Notice also describes the rights you have concerning your own medical information.

Please review it carefully and let us know if you have questions.

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**HOW WILL WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?**

**Treatment:** We may use your medical information to provide you with medical services. We may also disclose your medical information to others who need that information to treat you, such as other doctors, specialists, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, long-term care facilities and others involved in your care. For example, we may provide your medical record to a specialist to whom you were referred for treatment. We may also use and disclose your medical information to 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.

**Health Care Operations:** We may use and disclose your medical information if it is necessary to improve the quality of care we provide to patients or to run the Offices. We may use your medical information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example, we may look at your medical record to evaluate whether our doctors or other health care professionals did a good job. We may also disclose your medical information to other providers who participate in the organized health care arrangements described below to carry out the health care operations of those arrangements.

**Organized Health Care Arrangements:** We participate in an organized health care arrangement (OHCA) with Yavapai Regional Medical Center (Hospital) and North Central Arizona Accountable Care, LLC and its participants (NCAACO). As part of this arrangement, we engage in certain joint activities with these entities in an effort to improve the quality, effectiveness and cost of care delivered to patients. We may share your medical information with members of the Hospital and/or NCAACO in furtherance of those activities and as necessary to carry out treatment, payment, or health care operations.

**Shared Electronic Health Record:** We may also participate in a shared electronic health record arrangement (Shared EHR) with members of NCAACO, which allows our workforce members and the workforce members of other NCAACO members to store and update your information in one place and use the health information in your record for purposes of treatment, payment and health care operations. This arrangement makes it easier for your providers to access your health information when you are seeking care, and to better coordinate and improve the quality of your care. The entities participating in the Shared EHR arrangement are not providing health care services jointly or on each other's behalf. They are separate health care providers, and each provider is individually responsible for its own activities and health care services. A list of NCAACO members that may participate in the shared electronic health record arrangement can be found at: [www.ncazaco.org](http://www.ncazaco.org).

**Family Members and Others Involved in Your Care:** We may disclose your medical information to a family member or friend who is involved in your medical care, or to someone who helps pay for your care. We may also disclose your medical information to organizations assisting in disaster relief efforts so that they can help notify family members or others involved in your care. If you do not want the Offices to disclose your medical information

to family members, others involved in your care or such disaster relief organizations, please inform registration personnel.

**Fundraising:** Many of our patients like to make charitable contributions. Our office or foundation may contact you in the future about fundraising efforts. You have the right to opt out of receiving such communications. If you do not want our foundation to contact you for fundraising, please notify Community Outreach and Philanthropy, Yavapai Regional Medical Center, 1003 Willow Creek Road, Prescott, AZ 86301 in writing.

**Research:** We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

**Business Associates:** We may share your medical information with persons or entities that provide services to us or perform functions on our behalf, such as our accountants, attorneys and consultants. We may disclose your medical information to these persons or entities (known as business associates) once they agree in writing to safeguard your medical information. Business associates are also required by law to protect the privacy of your medical information.

**Required by Law:** Federal, state, or local laws sometimes require us to disclose patients' medical information. For instance, we may be required to report child abuse or neglect. We also are required to give certain information to the State Workers' Compensation Program for work-related injuries. We will disclose your medical information if we are required by law to do so.

**Public Health:** We may report certain medical information for public health purposes. We may also need to report patient problems with medications or medical products to the Food and Drug Administration (FDA), or we may need to notify patients of recalls of products they are using.

**Public Safety:** We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We may also disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at our Offices. We may also disclose your medical information to law enforcement officials and/or others to prevent a serious threat to health or safety.

**Health Oversight Activities:** We may disclose medical information to a government agency that oversees the Offices and its personnel, such as the Arizona State Department of Health Services, the federal agencies that oversee Medicare, the Board of Medical Examiners or the Board of Nursing. These agencies need medical information to monitor our compliance with state and federal laws.

**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.

**Military, Veterans, National Security and Other Government Purposes:** If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. The Offices may also disclose medical information to federal officials for intelligence and national security purposes, or for Presidential Protective Services.

**Judicial and Administrative Proceedings:** An Office may disclose medical information if it is ordered to do so by a court or if the Office receives a subpoena, discovery request or other lawful process not accompanied by a court order and is permitted by law to make such a disclosure.

**Victim of Abuse, Neglect or Domestic Violence:** We may disclose your medical information to a government authority, such as social service or a protective services agency, if we believe you are a victim of abuse, neglect or domestic violence.

**Correctional Institutions:** If you are or become an inmate of a correctional institution or are in the custody of law enforcement, we may disclose your medical information to the institution or law enforcement officials if such information is necessary for the provision of health services to you and in other limited circumstances.

**Information with Additional Protection:** Certain types of medical information may have additional protection under state or federal law, such as medical information about communicable disease and HIV/AIDS, genetic testing, and mental health. For those types of information, the Offices will comply with any applicable state or federal laws before disclosing that information to others.

**Other Uses and Disclosures:** If an Office wishes to use or disclose your medical information for a purpose that is not discussed in this Notice, the Office will seek your permission. If you give your permission, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information. If you ever would like to revoke your permission, please notify the Health Information Management Department, Yavapai Regional Medical Center, 1003 Willow Creek Road, Prescott, AZ 86301 in writing. The Offices must obtain your written permission before they can (i) disclose certain types of notes recorded by mental health professionals; (ii) use or disclose your medical information for most marketing purposes; or (iii) sell your medical information.

#### **WHAT ARE YOUR RIGHTS?**

**Right to Access 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 record, and other records we use to make decisions about your care. If we maintain your information electronically, you may obtain an electronic copy of the information. To request your medical information, write to the Health Information Management Department, Yavapai Regional Medical Center, 1003 Willow Creek Road, Prescott, AZ 86301. If you request a copy of your medical information, we may charge you a reasonable, cost-based fee.

**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 ask us to amend your medical information, write to the Health Information Management Department, Yavapai Regional Medical Center, 1003 Willow Creek Road, Prescott, AZ 86301.

**Right to Get a List of Certain Disclosures of Your Medical Information:** You have the right to request a list of some of the disclosures we make of your medical information. If you would like to receive such a list, write to the Health Information Management Department, Yavapai Regional Medical Center, 1003 Willow Creek Road, Prescott, AZ 86301.

**Right to Request Restrictions on How We Will Use or Disclose Your Medical Information for Treatment, Payment, or Health Care Operations:** You have the right to ask us not to use or disclose your medical information to treat you, to seek payment for care, or to operate the Offices. We are required to agree to a request to restrict disclosure of your medical information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations, and the medical information pertains solely to a health care item or service for which you (or

someone else on your behalf) paid in full. We are not required to agree to other restriction requests but, if we do agree, we will comply with that agreement. If you want to request a restriction, submit your request in writing to the Health Information Management Department, Yavapai Regional Medical Center, 1003 Willow Creek Road, Prescott, AZ 86301 and describe your request in detail.

**Right to Request Confidential Communications:** You have the right to ask us to communicate with you in a way that you feel is more confidential. You can also ask to speak with your health care providers in private outside the presence of other patients—just ask them!

**Right to a Paper Copy:** If you have received this Notice electronically, you have the right to a paper copy at any time. You may download a paper copy of the Notice from our website, at <http://www.yrmc.org>, or you may obtain a paper copy of the Notice at any of our registration areas.

### **OUR RESPONSIBILITIES**

We are required by law to maintain the privacy of your medical information, to give you this Notice and to follow the terms of the Notice currently in effect. We are also required to notify any affected individuals following a breach of unsecured protected health information.

### **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. You can get a copy of our current Notice at any time by asking any of our staff or visiting our website at <http://www.yrmc.org>.

### **DO YOU HAVE CONCERNS, COMPLAINTS OR QUESTIONS?**

Please tell us about any problems or concerns you have with our privacy practices or how the Offices or their business associates use or disclose your medical information by writing to the Privacy Officer, Yavapai Regional Medical Center, 1003 Willow Creek Road, Prescott, AZ 86301 or by calling the Privacy Officer at (928) 771-5688. If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer (at the address listed above), or you may file a complaint with the Department of Health and Human Services, Office for Civil Rights ([OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)). We will not penalize you or retaliate against you in any way for filing a complaint.