



**Gila River Health Care
Hu Hu Kam Memorial Hospital
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Improving the Health of Native American People

Gila River Health Care

NOTICE OF PRIVACY PRACTICES

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, and are required by law to do so. This notice describes how we may use your medical information within Gila River Health Care and how we may disclose it to others outside Gila River Health Care. 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.

HOW WILL WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?

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, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, we will allow physicians to have access to your Gila River Health Care medical record to assist in your treatment and for follow-up care.

We also may 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.

Internet Based Products & Services: We may offer you internet based products or services allowing you to:

- Schedule appointments
- Reduce wait times in our emergency rooms or clinics
- Help you find a physician or offer you secure access to your medical information

Patient Directory: In order to assist family members and others visitors in locating you while you are in the Hospital, the Hospital maintains a patient directory. This directory includes your name, room number, your general condition, and your religious affiliation, if any.

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 to pay for your care without your written authorization for a release of information to do so. We also may disclose your medical information to disaster relief organizations to help locate a family member or friend in a disaster. If you do not want Gila River Health Care to disclose your medical information to family members or others who will visit you, please tell the registration clerk and nurse in the hospital if you are admitted there.

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.

Gila River 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 Gila River Health Care. 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 Gila River Health Care personnel, your doctors, or other health care professionals did a good job.

Fundraising Activities: The Hospital may contact you in the future to raise money for the Hospital. If you do not want the Hospital to contact you for fundraising, you may opt-out of receiving fundraising requests or contacts. Please notify the Admissions Department 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.

Required by Law: Federal, state, or local laws sometimes require us to disclose a patient's medical information. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to your employer about work-related injuries.

Law Enforcement: We may share medical information about you with police or other law enforcement personnel where permitted or required by state and federal law. For example, if the police present a search warrant or court order, we must produce the information requested.

Public Health: We also may report certain medical information for public health purposes. For instance, we are required to report births, deaths, and communicable diseases to Gila River Health Department and the Arizona Department of Health Services. We also may need to report patient problems with medications or medical products to the FDA, or may 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 subpoena. We also may 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 Gila River Health Care. We also may disclose your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

Health Oversight Activities: We may disclose medical information to a government agency that oversees Gila River Health Care or its personnel, such as Gila River Department of Health Services, the federal agencies that oversee Medicare, the Medical Board or the Board of Nursing. These agencies need medical information to monitor Gila River Health Care's compliance with tribal, 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. Gila River Health Care may also disclose medical information to federal officials for intelligence and national security purposes or for presidential protective services.

Disaster Relief Purposes: We may use or share medical information about you with public or private disaster organizations so that your family can be notified of your location and condition in case of disaster or emergency. We may also use it to help in coordination of disaster relief efforts.

Judicial Proceedings: Gila River Health Care may disclose medical information if ordered to do so by a court or if Gila River Health Care receives a subpoena or a search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

Electronic Sharing and Pooling of Your Information: We may take part in or make possible the electronic sharing or pooling of healthcare information. This helps doctors, hospitals and other healthcare providers within a geographic area or community provide quality care to you. If you travel and need medical treatment, it allows other doctors or hospitals to electronically contact us about you. All of this helps us manage your care when more than one doctor is involved. It also helps us to keep your health bills lower (avoid repeating lab tests). And finally it helps us to improve the overall quality of care provided to you and others. We are involved in the Affordable Care Act and may use and share information as permitted to achieve national goals related to meaningful use of electronic health systems.

Health Information Exchange. Gila River Health Care may share information that we obtain or create about you with other health care providers or other health care entities, such as your health plan or health insurer, as permitted by law, through Health Information Exchanges (HIEs) in which Gila River Health Care participates. For example, information about your past medical care, current medical conditions and medications can be available to us or to your non-Gila River Health Care primary care physician or hospital, if they participate in the HIE as well. Exchange of information can provide faster access, better coordination

of care and assist providers and public health officials in making more informed decisions. You may opt out of these HIEs and disable access to your health information by contacting the Gila River Health Care Health Information Management (HIM) Department at (602) 528-1399.

Information with Additional Protection: Certain types of medical information have additional protection under state or federal law. For instance, medical information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness is treated differently than other types of medical information. For those types of information, Gila River Health Care is required to get your permission before disclosing that information to others in many circumstances.

Other Uses and Disclosures: If Gila River Health Care wishes to use or disclose your medical information for a purpose that is not discussed in this Notice, Gila River Health Care will seek your permission. This includes disclosures that constitute the “sale of PHI” and many disclosures for marketing purposes. If you give your permission to Gila River Health Care, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information. If you would ever like to revoke your permission, please notify the Health Information Management Department in writing.

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 and to receive your health care information in a timely manner. (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. To request your medical information, to include an electronic copy, write to the Health Information Management Department. You can look at your record at no cost.

Right to Be Notified if there is an Impermissible Use or Disclosure of your PHI: If there is an impermissible use or disclosure of your PHI, Gila River Health Care is required to notify you that an impermissible use or disclosure was discovered.

Right to Request that Your PHI be Transmitted Electronically to a Third Party: You have the right to request that your PHI that is maintained electronically be transmitted to an identified individual. To ask for Gila River Health Care to electronically transmit your PHI, go to the Health Information Management Department to provide your request in writing.

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.

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, write to the Health Information Management Department. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

Right to Request Restrictions on How Gila River Health Care Will Use or Disclose Your Medical Information for Treatment, Payment, or Health Care Operations: You have the right to ask us not to make uses or disclosures of your medical information to treat you, to seek payment for care, or to operate Gila River Health Care. We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you pay in full for services or treatment out of pocket and request that Gila River Health Care is not to disclose any of the related information to your health plan, then Gila River Health Care will not make any such disclosures unless required by law. If you want to request a restriction, write to the Health Information Management Department 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. For example, you can ask us not to call your home, but to communicate only by mail. To do this, write to Health Information Management Department. 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: You have the right to a paper copy of this notice.

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 by asking at the registration desk.

WHICH HEALTH CARE PROVIDERS ARE COVERED BY THIS NOTICE?

This Notice of Privacy Practices applies to Gila River Health Care, its managed entities and its personnel, volunteers, students, and trainees. The notice also applies to other health care providers that come to Gila River Health Care to care for patients, such as physicians, physician assistants, therapists, other health care providers not employed by Gila River Health Care, emergency service providers, medical transportation companies, and medical equipment and suppliers who come to Gila River Health Care treatment locations. Gila River Health Care may share your medical information with these providers for treatment purposes, to get paid for treatment, or to conduct health care operations. These health care providers will follow this notice for information they receive about you from Gila River Health Care. These other health care providers may follow different practices at their own offices or facilities.

DO YOU HAVE CONCERNS OR COMPLAINTS?

Please tell us about any problems or concerns you have with your privacy rights or how Gila River Health Care uses or discloses your medical information. If you have a concern, please contact the Compliance Officer at 602-528-1200.

If for some reason Gila River Health Care cannot resolve your concern, you may also file a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights. Our Compliance Officer can provide you with the address. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

DO YOU HAVE QUESTIONS?

Gila River Health Care is required by law to give you this Notice and to follow the terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how Gila River Health Care may use and disclose your medical information, please contact the Compliance Officer.

Effective date of this revision: March 2023