



## Your Information. Your Rights. Our Responsibilities.

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.**

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

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#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
  - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
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#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
  - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
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#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
  - We will say “yes” to all reasonable requests.
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## Your Rights *continued*

### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say “yes” unless a law requires us to share that information.

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### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

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### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

**Treat you**

- We can use your health information and share it with other professionals who are treating you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

**Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services.

**Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

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**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone’s health or safety

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**Do research**

- We can use or share your information for health research.

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**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

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**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

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**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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**Address workers’ compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - For workers’ compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

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**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**Effective April 1, 2018**

**This Notice of Privacy Practices applies to the following organizations.**

**Sierra Vista Hospital  
Sierra Vista Community Clinic**

*You may contact our Privacy Officer at 1-844-446-5277 or via external website  
<https://secure.ethicspoint.com/domain/media/en/gui/57006/index.html>*

# IF YOU DON'T SPEAK ENGLISH WELL, YOU HAVE THE RIGHT TO A FREE TRAINED INTERPRETER



PLEASE USE THE POSTER TO POINT OUT  
YOUR LANGUAGE TO OUR STAFF  
1-866-998-0338



Staff Use Your Cyracom Language Interpretation Service Card to Complete Phone Call

<p><b>SPANISH</b> Español Usted tiene derecho a un intérprete gratis. Por favor, señale su idioma y llamaremos a un intérprete. Por favor, espere.</p>	<p><b>NAVAJO</b> Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'áníq da'áwo'déé', t'áá jiik'eh, éí ná hóló, kojì' hódíłnih</p>	<p><b>VIETNAMESE</b> Tiếng Việt Quý vị có quyền được một thông dịch viên miễn phí. Xin chỉ vào ngôn ngữ của quý vị. Chúng tôi sẽ gọi một thông dịch viên. Vui lòng chờ trong giây lát.</p>
<p><b>GERMAN</b> Deutsch Sie haben kostenlosen Anspruch auf eine/n Dolmetscher/in. Bitte deuten Sie auf Ihre Sprache. Ein/e Dolmetscher/in wird gerufen. Bitte warten Sie.</p>	<p><b>CHINESE</b> 中文 注意:如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電</p>	<p><b>ARABIC</b> يبرع مچرت تامدخ ىلع لوصحلا كل قحي نأ كنم ىجرى. لباقم ىأ نود ىيروف ىك كتغؤل ىل اكعبصإبرىشئت كنم ىجرى . ىنعملم مچرتلم ىعدتسن مچرتلم اعادتسا نىحل راظتنإلإ</p>
<p><b>KOREAN</b> 언어 여러분은 무료로 전문 통역자의 도움을 받을 권리가 있습니다. 왼쪽의 “한국어”를 손가락으로 가르켜 주십시오. 전문 통역자에게 연결될 것입니다. 잠시만 기다려 주십시오.</p>	<p><b>FILIPINO TAGALOG</b> Ikaw ay may karapatan na magkaroon ng tagapagsalin na walang bayad. Ituro ang iyong wika. Ang tagapagsalin ay tatawagin. Maghintay.</p>	<p><b>JAPANESE</b> 日本語 通訳を無料でご利用になれます。該当する言語を指示して下さい。通訳を手配いたしますのでお待ち下さい。</p>
<p><b>FRENCH</b> Français Vous avez droit gratuitement aux services d'un interprète. Veuillez indiquer votre langue. Nous allons contacter un interprète. Veuillez patienter si'il vous plaît!</p>	<p><b>ITALIAN</b> Italiano Avete diritto ad un interprete. Il servizio è gratuito. Indicate la vostra lingua e attendete; un interprete sarà chiamato al più presto.</p>	<p><b>RUSSIAN</b> Русский Вы имеете право на услуги бесплатного переводчика. Укажите, пожалуйста, на Ваш язык. Переводчик будет вызван. Пожалуйста, подождите.</p>
<p><b>HINDI</b> हद्द आपको बनिा कोई शुल्क दएि दुभाषया सेवा पाने का अधिकार है। कृपया अपनी भाषा को इंगति करे। दुभाषया को बुलाया जाएगा। कृपया प्रतीक्षा करे।</p>	<p><b>PERSIAN - FARSI</b> ىسراف ىسراف نابز هب رگا: هجوت تال ىهست، دىنک ىم وگتفگ امش ىارب ناگىار تروصب ىنابز سامت دىرىگب.</p>	<p><b>THAI</b> ไทย ท่านมีสิทธิ์ขอล่ามแปลภาษาโดยไม่มีเสียต่าใช้ฟรีใน ๓๑ กรณีที่ท่านต้องการล่ามแปลภาษาฟรี</p>



PATIENT'S NOTICE OF PRIVACY PRACTICES

**ACKNOWLEDGMENT OF RECEIPT**

By my signature I acknowledge receipt of a copy of the Patient's Notice of Privacy Practices provided to me by Sierra Vista Hospital.

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Please Print Name of Patient or Representative

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Signature of Patient or Representative

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Hospital Department Name

\_\_\_\_\_  
Date