



**St. Vincent Hospital**  
St. Vincent Medical Clinic

## **Your Information. Your Rights. Our Responsibility.**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review each section carefully.

### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Participate in research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## **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.

### **Obtain an electronic or paper copy of your medical record**

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

### **Ask us to correct your medical record**

- You can ask us to correct health information you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request and give reason in writing within 60 days.

### **Request confidential communications**

- You can choose the means for confidential communication such as email or phone
- We will say “yes” to all reasonable requests.

### **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. 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 to withhold the information from your health insurer. We will say “yes” unless a law requires us to share that information.

### **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, with whom, and why.
- We will include all the disclosures except for those about treatment, payment, health care operations, and certain other disclosures 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.

### **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.

### **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.

### **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 Colorado Department of Public Health and Environment  
HFEMSD-A2 Attention: Hospital Complaint Intake  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530  
303-692-2827 [www.cdphe.state.co.us](http://www.cdphe.state.co.us)
- 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.

You have 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
- 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.

We never share your information unless you give us written permission for:

- 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:

For Treatment: 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.

To 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 your health information to manage your treatment and services.

Bill for your services: We can use and share your health information to bill and receive payment from health plans or other entities. Example: We give your information to your health insurance plan so it will pay for your services.

### 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 Contribution to the public good: public health and research. We have to meet many conditions of 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)

Help with public health and safety issues:

- 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

**Participating in Research:** We can use or share your information for health research.

Comply with the law: We will share information about you if state or federal laws require it. Entities include the Department of Health and Human Services.

Respond to organ and tissue donation requests: We can share your health information with organ procurement organizations.

Work with a medical examiner or funeral director: We can share health information with a coroner, medical examiner, or funeral director if you pass away.

Address workers' compensation, law enforcement, and other government requests: We can use or share your health information with law enforcement, workman's compensation companies, health oversight agencies, military agencies, national security agencies, and presidential protective services.

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 notify you 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 provide a copy of it for you.
- We will not use or share your information, other than as described, unless we have your written permission.

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

The terms of this notice may be changed. These changes will apply to all of your records.

If there is a new notice, it will be available upon request and on our web site.

Effective date: October 23, 2018

St. Vincent General Hospital District  
St. Vincent Medical Clinic  
Leadville, CO. 80461

Compliance Officer – integrity hotline: 719-486-7192

Patient Advocate /Patient Grievance: 719-486-7135