



Post Office Box 660 · 85 Sierra Park Road · Mammoth Lakes, CA 93546 · 760-934-3311 · Fax 760-924-4029 · www.mammothhospital.com

## **Mammoth Hospital Notice of Privacy Practices**

As Required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AS WELL AS HOW YOU CAN GET ACCESS TO THIS INFORMATION.

### **\*PLEASE REVIEW THIS NOTICE CAREFULLY\***

#### **A. UNDERSTANDING YOUR MEDICAL RECORD AND HEALTH INFORMATION**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your medical or health record, serves as a:

- Basis for planning your care and treatment;
- Means of communication among the health professionals who contribute to your care;
- Legal document describing the care you received;
- Means by which you or a third-party payer can verify that services billed were actually provided;
- Tool in educating health professionals;
- Source of data for medical research;
- Source of information for public health officials charged with improving the health of the nation;
- Source of data for facility planning and marketing;
- Make more informed decisions when authorizing disclosure to others.

#### **B. OUR COMMITMENT TO YOUR PRIVACY**

Mammoth Hospital is dedicated to maintaining the privacy of your health information. In conducting our business, we will create records about you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your health information. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time. We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your health information;
- Your privacy rights in regard to your health information;
- Our obligations concerning the use and disclosure of your health information.

The terms of this notice apply to all records containing your health information that are created or retained by Mammoth Hospital. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Mammoth Hospital will post a copy of our current Notice in our offices in a visible location at all times, on our website; and you may request a copy of our most current Notice at any time.

#### **C. OUR RESPONSIBILITIES**

Mammoth Hospital is required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to health information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction;



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- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

In the event of a breach of your health information, where someone obtains access to your health information that was not authorized by you and for which they are not allowed by law. Mammoth Hospital, by California law, must inform you of the breach within five days of the detection of such breach; and in Federal law, must inform you within 60 days of knowledge of the breach.

*We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us. We will not use or disclose your health information without your authorization, except as described in this notice.*

#### **D. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:**

The following categories describe different ways that we may use and disclose health information. Not every use and disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Treatment:** We may use your health information to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your health information in order to write a prescription for you, or we might disclose your health information to a pharmacy when we order a prescription for you. Many of the people who work for our practice including, but not limited to, our doctors and nurses, may use or disclose your health information in order to treat you or to assist others in your treatment. Additionally, we may disclose your health information to others who may assist in your care, such as your spouse, children or parents.

**Payment:** We may use and disclose your health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may use and disclose your health information to obtain payment from third parties that may be responsible for such costs, such as family members; and we may use your health information to bill you directly.

**Health Care Operations:** Members of the medical staff, the risk or utilization review manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology, and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job for which we have contracted and bill you or your third-party payer for services rendered. Such Business Associates must comply with all regulations under HIPAA Privacy Rules and Security Rules the same as Mammoth Hospital.

**Hospital Directory:** Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. This information is released so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

**Appointment Reminders:** We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.



**Treatment Alternatives:** We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Products and Services:** We may use and disclose health information to tell you about our health-related products or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** We may use or disclose health information about you to a friend or family member who is involved in your medical care. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's health information. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Fundraising:** We may contact you in an effort to raise money for the hospital and its operations. We may disclose information to a foundation related to the hospital so that the foundation may contact you in raising money for the hospital. We will only release contact information, such as your name, address and phone number and the dates you received treatment or services at the hospital. If you do not want the hospital to contact you for fundraising efforts you must notify us in writing. See the end of this document for the address.

**Research:** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with the patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this approval process, but we may, disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the health information they review does not leave the hospital. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.

**Coroners, Medical Examiners and Funeral Directors:** We may release health information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Workers' compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law. These programs provide benefits for work-related injuries or illness.

**Public Health Activities:** As required by law, we may disclose health information about you for public health activities. These activities include disclosures in order to:

- Prevent or control disease, injury or disability;
- Report births and deaths;
- Report the abuse or neglect of children, elders and dependent adults;
- Report reactions to medications or problems with products;
- Notify people of recalls of products they may be using;
- Notify a person who may have been exposed to a disease or may be at risk for



- contracting or spreading a disease or condition;
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Mammoth Mountain:** Should your care at Mammoth Hospital result from an accident sustained during recreational activities at Mammoth Mountain, we may disclose limited health information in order for Mammoth Mountain to perform their own quality and outcome improvement activities.

**Ambulance/Air Transport:** Should you need to be transferred from/to Mammoth Hospital, we may disclose limited health information to the transporting company for their own billing and/or quality and outcome improvement activities.

**Manufacturers of Implants and Devices:** We may disclose limited health information to the manufacturers of implants and devices you acquire due to treatment at the hospital. For example, the manufacturer of hardware used for internal fixations of fractures will be given health information for tracking purposes in the event a product is recalled.

**Military and Veterans:** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**Correctional Institution:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official. This disclosure would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (as shown by a written notice to you) or to obtain an order protecting the information requested.

**National Security and Intelligence Activities:** We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Education Purposes:** As a health education facility Mammoth Hospital may use health information for teaching purposes. For example, adult students who are receiving on-site training to become an LVN nurse will participate in the care of and have access to Mammoth Hospital patients and their related health information, but always under the direct supervision of a qualified Mammoth Hospital workforce member. Mammoth Hospital also allows medical interns and physician fellows to perform educational functions that include the use of protected health information.

**Law enforcement:** We may disclose health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to



- obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital;
- In emergency circumstance to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

## E. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding the health information that we maintain about you:

**Confidential Communications:** You have the right to request that Mammoth Hospital communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request. See the end of this document for the address.

**Requesting Restrictions:** If you pay in full for a given medical service or treatment, you may restrict Mammoth Hospital from disclosing health information resulting from said medical service or treatment from health insurance providers or other third party payers. Mammoth Hospital must comply with your restriction and the restriction must be made in writing.

You have the right to request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your health information, you must make your request in writing. See the end of this document for the address.

Your request must describe in a clear and concise fashion (1) the information you wish restricted; (2) whether you are requesting to limit our practice's use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Inspection and Copies:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient health records and billing records. Where such health information is retained electronically by Mammoth Hospital or its Business Associates, you have the right to request an inspection or a copy in an electronic format. You must submit your request in writing in order to inspect and/or obtain a copy of your health information. Mammoth Hospital may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Mammoth Hospital may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

**Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for Mammoth Hospital. To request an amendment your request must be made in writing. See the end of this document for the address.

You must provide us with a reason that supports your request for amendment. Mammoth Hospital will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the health information kept by or for the practice; (c) not part of the health information which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information. Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record



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you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your health record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

**Accounting of Disclosures:** All of our patients have the right to request an "accounting of disclosures". An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your health information for non-treatment or operations purposes. Use of your health information as part of the routine patient care in Mammoth Hospital is not required to be documented. For example, a doctor shares information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing. See the end of this document for the address. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Mammoth Hospital will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**Right to a Paper Copy of This Notice:** You are entitled to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Mammoth Hospital at the address at the end of this document.

You may also obtain a copy of this notice at our website: <http://www.mammothhospital.com>.

**Right to File a Complaint:** Maintaining the confidentiality of the health information of our patients is of the utmost importance. If you believe your privacy rights have been violated, you may file a complaint with the Mammoth Hospital Privacy Officer. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.** See the end of this document for the address.

You may always file a complaint with the Secretary of the Department of Health and Human Services.

**Right to Provide an Authorization for Other Uses and Disclosures:** Mammoth Hospital will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your health information for the reasons described in the authorization.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact:

**Mammoth Hospital  
Privacy Officer  
P.O. Box 660  
Mammoth Lakes, CA 93546  
(760) 934-3311**

**Mammoth Hospital  
Health Information Management System  
P.O. Box 660  
Mammoth Lakes, Ca. 93546  
(760) 934-3311**

Effective Date: 09/23/2013