

## HIPAA 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.

This Hospital is committed to protecting the privacy of information we gather about you while providing health-related services. We are required by law to protect the privacy of health information that may reveal your identity and to provide you with a printed copy of this Notice that describes our privacy practices. This Notice will always be posted in our hospital reception area and is on our web site at [www.StRoseNH.org](http://www.StRoseNH.org).

If you have any questions about this Notice, or if you believe your privacy rights have been violated, please contact our Privacy Officer at 1-866-271-1033 or via email at [privacy@emerus.com](mailto:privacy@emerus.com).

You may exercise your rights set forth in this notice by providing a written request, except for requests to obtain a paper copy of the notice, **Dignity Health St. Rose Dominican Centennial Campus – 6675 North Durango Drive, Las Vegas, NV 89149**.

You may also file a complaint with the Office of Civil Rights, Secretary of the Department of Health and Human Services. If you should have any other questions or concerns, please see the following address, Dignity Health St. Rose Dominican Centennial Campus – 6675 North Durango Drive, Las Vegas, NV 89149. You can also contact us by phone at 702-330-0400. *No one will retaliate or take action against you for filing a complaint.*

### **WHO WILL FOLLOW THIS NOTICE?**

The privacy practices described in this notice will be followed by:

- All health care professionals, employees, medical staff, trainees, students or volunteers that are involved in your care or entities that are part of an organized health care arrangement with Dignity Health - St. Rose Dominican;
- Any Hospital business associates (described below).

### **COMPLAINT AND GRIEVANCE POLICY**

At Dignity Health - St. Rose Dominican, providing superior patient experience and exceptional medical care is of utmost importance. If you have questions or concerns regarding your experience or the care you received, we welcome your feedback. We have created a Patient Relations Team to address any concerns and ensure your entire experience meets the high standards for which Dignity Health - St. Rose Dominican is known.

If you would like to report any issues or concerns about your care, please do not hesitate to call Patient Relations at 1-844-644-0400.

Once we have received your information, we will proceed with an internal investigation that will include the Facility Medical Director and/or the Facility Hospital Administrator. We will make every attempt to provide an initial written response to acknowledge the grievance (which may or may not

include the resolution) within 10 days of receiving a patient grievance. You may be contacted for more information during the process by another member of our team who is involved in the inquiry.

Your satisfaction with your care and treatment at Dignity Health - St. Rose Dominican is our top priority. Please let us know if there is anything we can do to assist in making your visit better.

### **REQUIREMENT FOR WRITTEN AUTHORIZATION**

We will generally obtain your written authorization before using your health information or sharing it with others outside this Hospital. You may also initiate the transfer of your records to another person by completing a written authorization form with our Medical Records staff. If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it.

### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION**

#### **1. TREATMENT, PAYMENT AND BUSINESS OPERATIONS**

**Treatment:** We may share your health information with doctors or nurses at this Hospital who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. Your doctor may share your health information with another medical provider to determine how to diagnose or treat you. Your doctor may also share your health information with another doctor to whom you have been referred for further health care.

**Payment:** We may use your health information or share it with others so that we may obtain payment for your health care services. We may share information about you with your health insurance company in order to obtain reimbursement after we have treated you, or to determine whether your treatment is covered. We might also need to inform your health insurance company about your health condition in order to obtain pre-approval for your treatment, such as admitting you to this Hospital. We may share your information with other health care providers and payors for their payment activities.

**Business Operations:** We may use your health information or share it with others in order to conduct our business operations. We may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you. We may share your health information with other health care providers and payors for certain of their business operations if the information is related to a relationship the provider or payor currently has or previously had with you, and if the provider or payor is required by federal law to protect the privacy of your health information.

**Appointment Reminders, Treatment Alternatives, Benefits and Services:** In the course of providing treatment to you, we may use your health information to contact you with a reminder that you have an appointment for

treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may interest you.

**Business Associates:** We may disclose your health information to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our business operations. We may share your health information with a billing company that helps us to obtain payment from your insurance company or an accounting firm or law firm that provides professional advice to us about how to improve our health care services and comply with the law. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information.

**2. PATIENT DIRECTORY/FAMILY AND FRIENDS:** We may use your health information in, and disclose it from, our Patient Directory, or share it with family and friends involved in your care unless you object or unless there is insufficient time because of a medical emergency (in which case we will discuss your preferences with you as soon as the emergency is over). We will follow your wishes unless we are required by law to do otherwise.

**Patient Directory:** If you do not object, we will include your name, your location in our facility, your general condition (e.g., good, fair, critical) and your religious affiliation in our Patient Directory while you are a patient at this Hospital. This information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if he or she doesn't ask for you by name.

**Family and Friends Involved in Your Care:** If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care. We may also notify a family member, personal representative or another person responsible for your care about your location and general condition at this Hospital, or about the unfortunate event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

**3. PUBLIC NEED AS REQUIRED BY LAW:** We may use or disclose your health information, without your written authorization, to the types of entities described below. We will notify you of these uses and disclosures if notice is required by law.

- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability activities.
- Victims Of Abuse, Neglect Or Domestic Violence.
- Health Oversight Activities.

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- Food and Drug Administration for Product Monitoring, Repair And Recall.
- To avert a serious and imminent threat to health or safety.
- National Security and Intelligence Activities or Protective Services for the President or Others.
- Military Authorities and Veterans.
- Inmates and Correctional Institutions.
- Workers’ Compensation.
- Coroners, Medical Examiners and Funeral Directors.
- Organ and Tissue Donation.

**Law Enforcement/ Legal Proceedings:** We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena.

**Research:** In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. Under some circumstances, we may use and disclose your health information without your written authorization if we obtain approval through a special process to ensure that there is minimal risk to your privacy. Under no circumstances would we allow researchers to use your name or identity publicly. We may also release your health information without your written authorization to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.

**4. INCIDENTAL DISCLOSURES:** While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients in the treatment area may see, or overhear discussion of, your health information.

### **YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION**

You have the following rights to access and control your health information. These rights will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

*To access any of these rights, please submit your request in writing to this Hospital, attention Medical Records.*

**1. RIGHT TO INSPECT AND COPY RECORDS:** You have the right to inspect and obtain a copy of your health information that may be used to make decisions about you and your treatment for as long as we maintain records of this information. This includes medical and billing records but does not include psychotherapy notes. We will respond to your request for inspection of records and copies in a reasonable time frame defined by law. If we need additional time to respond to a request for copies, we will notify you in writing to explain the reason for the delay and when you can expect to have a final answer to your request. Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information and will provide you with a summary of the information instead, a written notice that explains our reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. If we have reason to deny only part of our request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

**2. RIGHT TO AMEND RECORDS:** If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. Your written request should include the reasons why you think we should make the amendment. We will respond to your request in a reasonable time frame defined by law or we will notify you in writing to explain the reason for the delay and when you can expect to have a final answer to your request. If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records.

**3. RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have a right to request an “accounting of disclosures” which identifies certain other persons or organizations to whom we have disclosed your health information in accordance with applicable law and the protections afforded in this Notice. There is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where your authorization is not required. Your written request must state a time period for the disclosures you want us to include.

**4. RIGHT TO REQUEST ADDITIONAL PRIVACY PROTECTIONS:** You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. Your written request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply. We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. *However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law.*

Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

**5. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:** You have the right to request that we communicate with you about your medical matters in a more confidential way by alternative means or at alternative locations. For example, you may ask that we contact you at home instead of at work. *We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.* Please specify in your written request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

The hospital provides language assistance services and appropriate auxiliary aids and services free of charge.