



# SACRED MOUNTAIN MEDICAL SERVICES, INC.

## HIPAA Privacy Notice

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

During your interaction with Sacred Mountain Medical Services, Inc. (SMMS), personal information was gathered from you. With this information we gathered, SMMS is required by law to maintain the privacy of certain confidential health information known as Protected Health Information, or PHI, and to provide you with a Notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this version of this notice, most currently in effect.

### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

Sacred Mountain Medical Services, Inc. may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI for these purposes are:

**For Treatment** - This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel including doctors who give orders to allow us to provide treatment to you. It also includes information we give to other healthcare personnel to whom we transfer your care and treatment, which includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

**For Payment** - This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company) management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

**For Health Care Operations** - This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, and creating reports that do not individually identify you for data collection purposes.

### OTHER PERMITTED USES AND DISCLOSURES OF PHI

Other ways in which Sacred Mountain Medical Services, Inc. is permitted to use and/or disclose your PHI are:

**As Required by Law** - We may use or disclose your PHI to the extent that federal, state, or local law requires the use or disclosure. When used in this Notice, "required by law" is defined as it is in the HIPAA Privacy Regulations.

**For Public Health Activities** - We may use or disclose your PHI for public health activities that are permitted or required by law. For example, we may use or disclose information to a public health authority authorized to receive reports of child abuse or neglect.

**For Health Oversight Activities** - We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, civil, administrative, or criminal proceedings or other activities.

**Reporting Abuse or Neglect** - We may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence.

**Legal Proceedings** - We may disclose your PHI

- (1) in the course of any judicial or administrative proceeding
- (2) in the response to an order of a court or administrative tribunal to the extent such disclosure is expressly authorized
- (3) in response to a subpoena, a discovery request, or other lawful process, once we have met all administrative requirements of the HIPAA Privacy Regulations.

**Law Enforcement** - Under certain conditions, we also disclose your PHI to law enforcement officials.

**Protective Services** - Under certain conditions, we may disclose your PHI if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities.

**For Research** – We may disclose your PHI to researchers when an institutional review board or privacy board has  
(1) reviewed the research proposal and established protocols to ensure the privacy of the information and  
(2) approved the researched.

**Coroners, Medical Examiners, Funeral Directors, and Organ Donation** – We may disclose PHI to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. Further, we may disclose PHI to organizations that handle organ, eye, or tissue donation and transportation.

**To Prevent a Serious Threat to Health or Safety** – Consistent with federal and state laws, we may disclose your PHI if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Worker's Compensation** – We may disclose your PHI to comply with worker's compensation laws and other similar programs that provide benefits for work related injuries or illnesses.

**Family/Friends** - Unless you object in writing we may disclose your PHI to a friend or family member that you have identified as being involved with your health care.

### **OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future disclosures of PHI. However, the revocation will not be effective for information that we have used or disclosed relying on the authorization.

### **YOUR RIGHTS**

The following is a description of your rights with respect to your protected health information.

**Right to Request a Restriction** – You have the right to request a restriction of the PHI we use or disclose about you for treatment, payment or health care operations. We are not required to agree to any restriction that you request unless you have paid the provider in full, out of pocket, at the time of the request. If we do agree to the restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you.

**Right to Request Confidential Communications** - If you believe that a disclosure of all or part of your PHI may endanger you, you may request that we communicate with you regarding your information in an alternative manner or at an alternative location. For example, you may request that we contact you only at your work.

**Right to Inspect and Copy** - You have the right to inspect and copy your PHI that is contained in the “designated record set.” We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed.

**Right to Request Amendment** - If you believe that your PHI is incorrect or incomplete, you may request that we amend your information. In certain cases, we may deny your request for amendment. If we deny your request, you have the right to file a statement of disagreement with us. This statement will be linked with the disputed information and all future disclosures of the disputed information will include your statement of disagreement.

**Right of Accounting** – You have a right to an accounting of most disclosures of your PHI. An accounting will include the date(s) of disclosure, to whom we made the disclosure, a brief description of the information disclosed, and the purpose of the disclosure.

**Right to a Paper Copy of This Notice** – You have the right to a paper copy of this Notice, even if you have agreed to accept this notice electronically.

**PHI Breach Notification** - We must notify you of all unsecured PHI that has been, or is reasonably believed to have been breached. We will provide you with an individual notice, written, via first-class mail to the last known address, or email if you specify, no later than 60 days after discovery of the breach.

If you want to exercise your rights, or you feel your privacy rights have been violated, or you want to file a complaint, you may contact: Sacred Mountain Medical Services, Inc. at the address below. Any complaint must be made in writing.

**SACRED MOUNTAIN MEDICAL SERVICES, INC.**  
**PO BOX 2290 • TUBA CITY, ARIZONA 86045**  
**(928) 283-8243**