



KINGMAN REGIONAL MEDICAL CENTER 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.

We are committed to protecting the confidentiality of your medical information, and are required by law to do so. This notice describes how we may use your medical information within the Facility and how we may disclose it to others outside the Facility. This notice also describes the rights you have concerning your own medical information. Please review it carefully and let us know if you have questions.

HOW WILL WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?

Treatment: We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, we will allow your physician to have access to your Facility medical record to assist in your treatment at the Facility and for follow-up care.

We also may use and disclose your medical information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.

Facility Directory: In order to assist family members and other visitors in locating you while you are in the Hospital, the Hospital maintains a patient directory. This directory includes your name, room number, your general condition (such as fair, stable, or critical), and your religious affiliation (if any). We will disclose this information to someone who asks for you by name, although we will disclose your religious affiliation only to clergy members of your religious affiliation only. If you do not want to be included in the Hospital's patient directory, please advise your Admissions Representative and complete an "opt-out" form during the registration process.

Family Members and Others Involved in Your Care: We may disclose your medical information to a family member or friend with your permission, as requested by a court of law, or by following the Arizona hierarchy of consent. We also may disclose your medical information to disaster relief organizations to help locate a family member or friend in a disaster. If you do not want the Facility to disclose your medical information to family members or friends, please communicate these requests to your nurse or staff.



Payment: We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment.

Facility Operations: We may use and disclose your medical information if it is necessary to improve the quality of care we provide to patients or to manage the Facility. We may use your medical information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning.

Research: We may use or disclose your medical information for research projects after completion of an internal process that protects the confidentiality of your medical information.

Required by Law: Federal, state, or local laws sometimes require us to disclose patients' medical information. For instance, we are required to report abuse. We also are required to give information to workers' compensation programs for work-related injuries.

Public Health: We also may report certain medical information for certain health purposes. For instance, we are required to report births, deaths, and communicable diseases. We also may need to report patient problems with medications or medical products to the FDA, or may notify patients of recalls of products they are using.

Public Safety: We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at the Facility. We also may disclose your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

Health Oversight Activities: We may disclose medical information to a government agency that oversees the Facility or its personnel, such as the Arizona Department of Health Services, the federal agencies that oversee Medicare, the Medical Board, Osteopathic Board, or the Board of Nursing. These agencies need medical information to monitor the Facility's compliance with state and federal laws.



Coroners, Medical Examiners and Funeral Directors: We may disclose medical information concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

Organ and Tissue Donation: We may disclose medical information to organ, eye, tissue, or transplantation organizations.

Military, Veterans, National Security and Other Government Purposes: If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. The Facility may also disclose medical information to federal officials for intelligence and national security purposes or for presidential Protective Services.

Judicial Proceedings: The Facility may disclose medical information if the Facility is ordered to do so by a court or if the Facility receives a subpoena or a search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

Information with Additional Protection: Certain types of medical information have additional protection under state or federal law. For instance, medical information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness is treated differently than other types of medical information. For those types of information, the Facility is required to get your permission before disclosing that information to others in some circumstances.

Revocation of Permission: If you give your permission to the Facility, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information. If you would ever like to revoke your permission, please notify the Medical Records Department in writing.

WHAT ARE YOUR RIGHTS?

Right to Request Your Medical Information: You have the right to look at your own medical information and to get a copy of that information. This includes your medical record, your billing record, and other records we use to make decisions about your care. To request your medical information, contact the Medical Records Department. If you request a copy of your information, we will charge you for our costs to copy the information. We will tell you in advance what this copying will cost.

Right to Request Amendment of Medical Information You Believe Is Erroneous or Incomplete: If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your medical information, write to Medical Records, Attention: Privacy Officer.

Right to Get a List of Certain Disclosures of Your Medical Information: You have the right to request a list of some of the disclosures we make of your medical



information. If you would like to receive such a list, write to Medical Records, Attention: Privacy Officer. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

Right to Request Restrictions on How the Facility Will Use or Disclose Your Medical Information for Treatment, Payment, or Health Care Operations: You have the right to ask us not to make uses or disclosures of your medical information to treat you, to seek payment for care, or to operate the Facility. We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request a restriction, write to Medical Records, Attention: Privacy Officer and describe your request in detail.

Right to Request Confidential Communications: You have the right to ask for alternate ways to communicate with you. You can also ask to speak with your health care providers in private outside the presence of other patients.

Right to a Paper Copy: If you have received this notice electronically, you have the right to a paper copy at any time. You may download a paper copy of the notice from our Web site, at www.azkrmc.com or you may obtain a paper copy of the notice at any of our Registration sites.

CHANGES TO THIS NOTICE

From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current notice of Privacy Practices at any Registration site, or from our Web site at www.azkrmc.com.

WHICH HEALTH CARE PROVIDERS ARE COVERED BY THIS NOTICE?

This Notice of Privacy Practices applies to the Facility and all Facility personnel, volunteers, students, and trainees. The notice also applies to other health care providers that come to the Facility to care for patients, such as physicians, physician assistants, therapists, emergency service providers, medical transportation companies, medical equipment suppliers, and other health care providers not employed by the Facility, unless these other health care providers give you their own Notice that describes how they will protect your medical information. The Facility may share information specifically required with these other health care providers for their treatment, payment, and health care operations. This arrangement is only for sharing information and not for any other purpose.



IF YOU HAVE CONCERNS OR COMPLAINTS

Please tell us about any problems or concerns you have with your privacy rights or how the Facility uses or discloses your medical information. If you have a concern, please contact Medical Records, Attention: Privacy Officer.

If for some reason the Facility cannot resolve your concern, you may also file a complaint with the federal government. Complaints must be in writing and mailed to:

Regional Manager
US Department of Health and Human Services
Office of Civil Rights
50 United Nations Plaza Room 322
San Francisco, Ca. 94102

We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

DO YOU HAVE QUESTIONS?

The Facility is required by law to give you this Notice and to follow the terms of the Notice that are currently in effect. If you have any questions about this Notice, or have further questions about how the Facility may use and disclose your medical information, please contact the Privacy Officer at 928-757-2101, Ext. 1679.

Effective date: April 14, 2003.