



# Notice of Privacy Practices

## Your Information. Your Rights. Our Responsibilities.

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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.**

### Who will follow this Notice?

This notice describes the practices of Mt. Grant General Hospital, Lefa L. Seran, Rural Health Clinics including its employees, physician staff, trainees, volunteer groups, medical students, anyone authorized to enter information into your medical record, contracted employees, business associates and their employees, and other health care personnel. For the purposes of this notice, the entities, will be referred to in this notice as “Mt. Grant General Hospital.” Locations who are subject to this notice include but are not limited to: Rural Health Clinics and Lefa L. Seran.

### 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 that 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
- Raise funds

### Our Uses and Disclosures

We may use and share your information to:

- Treat you

- Run our organization
- Bill for services provided to you
- Help with public health and safety issues
- Do 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.

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

- You can ask to see or receive an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information within 30 days of receipt of your request. In exceptional circumstances, we may provide you with written notice of delay and will provide a copy of your health information within 60 days. We may charge a reasonable, cost-based fee.

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

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we will tell you why in writing within 60 days.
- To make a request for an amendment to your health record, please mail in your request to:  
     Mt. Grant General Hospital  
     Attention: Medical Records  
     P.O. Box 1510  
     Hawthorne, NV 89415

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, email, home or office phone) or to send mail to a different address.
- 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, and 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 not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

- If you receive services related to the diagnosis, treatment, or referral for the treatment of a Substance Use disorder (SUD), associated records may be protected under a special federal law (42 CFR Part 2). We will not disclose such records without your written consent, except in the case of a medical emergency or if required by law. If other providers receive your records for treatment, payment, or operational purposes, they may redisclose the records in accordance with applicable privacy laws. However, your records cannot be shared or redisclosed for use in civil, criminal, administrative, legal, or legislative proceedings against you without your consent.

#### **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, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any 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. You may obtain a current copy of this notice at [www.mgghnv.org](http://www.mgghnv.org)

- To make a request for inspection of your health record, accounting of disclosures, restrictions, or information we may release, or confidential communications, please submit your request in writing to:  
Mt. Grant General Hospital  
Attention: Medical Records  
P.O. Box 1510  
Hawthorne, NV 89415

#### **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**

- If you believe your privacy rights have been violated, you may file a complaint with us by contacting us at 775-341-6117. You may also file a complaint in writing to:  
Mt. Grant General Hospital  
Attention: Risk Manager  
P.O. Box 1510  
Hawthorne, NV 89415
- You can file a complaint with the US. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C.

20201, calling 1-877-696-6775, or by visiting  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

**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. In these cases, you have both 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.

In these cases, we never share your information unless you give us written permission.

- 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 ask not to receive further communications.
- If you do not want the hospital to contact you for fundraising efforts, you may notify in writing:

Mt. Grant General Hospital  
Attention: Risk Manager  
P.O. Box 1510  
Hawthorne, NV 89415

## **Other 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:

### **Treat you**

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treats you for an injury and asks another doctor about your overall health condition.

### **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 health information about you to manage your treatment and services.

**Bill for services provided to you**

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

**Health Information Exchanges (HIE)**

Mt. Grant General Hospital participates in one or more health information exchange (HIE), where we may share your health information, as permitted by law, to other health care providers or entities for coordination of your care. This provides faster access through the sharing of HIE for coordination of care, allowing your healthcare team to make more informed decisions to treat you. If you do not want us to share your information in an HIE, please ask us how to opt out.

**Notice to Patients Regarding the Destruction of Health Care Records:**

In accordance with NRS 629.051, your regularly maintained health records will be retained for five years after receipt or production, unless otherwise provided for by federal law. If you are less than 23 years old on the date of destruction, your records will not be destroyed. After you have reached 23 years of age, your records will be destroyed after a five-year retention, unless otherwise provided by federal law.

**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 contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

**Help with public and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medication
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety.

**Conduct Research**

Under certain circumstances, we may use and disclose health information about you for research purposes.

All research projects 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 patients' need for privacy of their health information. We may also permit researchers to review your information to prepare for research studies, if they do not remove or take a copy of your information.

We may contact you to see if you are interested in participating in a research study, unless you

opt out. If you would like to opt-out of receiving information related to research opportunities, you may contact us in the follow ways:

By phone: 775-341-6117

By email: [DFoster@mgghnv.org](mailto:DFoster@mgghnv.org)

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if they want to see that we're complying with federal privacy laws.

### **Addiction Treatment**

Mt. Grant General Hospital complies with 42 CFR Part 2 for programs that are subject to its oversight.

### **Reproductive Health Care Privacy**

We will not use or disclose your information or identity for the purpose of conducting a criminal, civil, or administrative investigation or imposing liability on any person for seeking or obtaining reproductive health care, where such health care is lawful in the state and under the circumstances in which it is provided.

### **Respond to organ and tissue donation requests**

We can share health information about you 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 when an individual dies

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services.

### **Nevada Attorney General and Grand Jury Investigations**

We may disclose health information if asked to do so by an investigator for the Nevada Attorney General, or a grand jury, investigating an alleged violation of Nevada laws prohibiting patient neglect, elder abuse, or submission of false claims to the Medicaid program. We may also disclose health information to an investigator for the Nevada Attorney General investigating an alleged violation of Nevada workers' compensation laws.

### **Nevada Board of Medical Examiners/State Board of Osteopathic Medicine**

In the event that a provider is unable to keep his or her office open due to death, disability,

incarceration, or other incapacitation, the Board of Medical Examiners may take possession of the patient records in the provider's possession with the intent of either making those records available to the patients or by forwarding the records to the patient's new provider.

### **Other Uses of Your Health Information**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us with permission to use or disclose health information about you by signing an authorization, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly 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 give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: <http://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.