

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.

How 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 other medical professionals who need that information to treat you, and others involved in your care. For example, we will provide your physician access to your medical record for your treatment and follow-up care. We also may use and disclose your medical information to contact you to remind you of an upcoming appointment.
- **Payment:** We may use and disclose your medical information to get paid for the medical services we provide to you. For example, your health plan or insurance company may ask to see parts of your medical record before they will pay us for your treatment.
- **Summit Healthcare 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 operate the healthcare system. We may use your medical information for quality improvement activities, for audit, accounting or legal services, or to conduct business management and planning.

Uses and Disclosures about Which You Have Choice

If you cannot tell us your preference (for instance, if you are unconscious), we may share your information if we believe it is in your best interest. We may also share your information if necessary to avert or lessen a serious or imminent threat to health or safety.

- **Patient Directory:** We maintain a patient directory in the hospital, which 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, with the exception of religious affiliation, to someone who asks for you by name. Members of the clergy may be advised of your religious affiliation. If you do not want to be included in the patient directory, please inform our registration personnel during check-in.
- **Persons Involved in Your Care:** We may share your medical information with a family member or friend who is involved in your medical care, or with someone who helps to pay for your care. We will ask you who you wish to have your information shared with. If you do not want Summit Healthcare to disclose your medical information to family members or others, please inform Summit Healthcare personnel as soon as possible.
- **Fundraising:** Summit Healthcare Foundation may contact you to raise money for the Foundation. If you do not want the Foundation to contact you for fundraising, please send your written request to the Foundation Department at Summit Healthcare, 2200 E. Show Low Lake Rd., Show Low, Arizona 85901. You may also ask for a request form.
- Summit Healthcare never discloses your health information without your written permission for marketing purposes, nor do we sell your health information.

Other Ways We Use or Share Your Health Information

- **As Required by Law:** Federal, state, or local laws sometimes require us to disclose patients' medical information. For instance, we are required to report abuse, neglect or exploitation of children or vulnerable adults, or patient injury due to illegal acts, and must provide certain information to law enforcement officials in domestic violence cases. We will share your health information with the Department of Health and Human Services if needed to verify compliance with federal privacy law.
- **Public Health and Safety:** We may use or disclose certain medical information for public health purposes. For instance, we are required to report births, deaths, and communicable diseases to the State of Arizona. We may disclose medical information for public safety purposes in limited circumstances, such as for product recalls, or to prevent or lessen a serious threat to a person's health or safety. We may disclose medical information to law enforcement officials in response to a search warrant or a subpoena.

- Worker's Compensation: We may share information as necessary to comply with laws relating to the Workers' Compensation Program, including claims for work-related injuries.
- Health Oversight Activities: We may disclose medical information to a government agency that oversees Summit Healthcare or its personnel, such as the Centers for Medicare and Medicaid Services (CMS), Arizona Department of Health Services, the Board of Medical Examiners or the Board of Nursing. These agencies need medical information to monitor Summit Healthcare 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 organizations that handle organ, eye or tissue donation or transplantation.
- 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: Summit Healthcare may disclose medical information, if ordered to do so by a court or if Summit Healthcare receives a subpoena or a search warrant.
- Health Research: In limited circumstances, we may use or share your health information for health research purposes.
- Disaster Relief: We may use or disclose your health information to assist in disaster relief efforts.

What are Your Rights?

- Right to a Copy of This Notice of Privacy Practices: If you have received this notice electronically, you have the right to a paper copy at any time. You can get a copy of our Notice of Privacy Practices at any time upon request by contacting the facility administrator at (928) 537-6556 or on the Summit Healthcare Association website at www.summithealthcare.net.
- Right to Request Your Medical Information: You have the right to look at your own medical record and to get an electronic or paper copy of that information. If you would like a copy of your medical records, or your minor (under age 18) child's records, please contact Health Information Management, at (928) 537-6326, or complete the Release of Information Form available at: https://summithealthcare.net/wp-content/uploads/2019/10/227_AuthToUseOrDisclosePHI_Oct2019.pdf
If you request a copy of your medical record, we may charge you a reasonable, cost based fee for production of the copy. We will tell you the cost in advance. However, we do not charge for medical records provided to another health care provider for the purpose of continuing care, or to you or your health care decision maker so you may get health care. You can view your record at no cost. Medical information is also available to you at no cost via a secure Internet Patient Portal. Contact the Health Information Management Department for details.
- Right to Request Correction of Your Medical Record: If you believe that information in your medical record is wrong or incomplete, you may ask us to correct it. To ask us to correct your medical information, write to Health Information Management at 2200 E. Show Low Lake Rd., Show Low, Arizona, 85901.
- Right to a List of Disclosures of Your Medical Information: You have the right to request a list of disclosures of your medical information that we made for the last six (6) years prior to the date of your request. This accounting of disclosures does not include those related to treatment, payment and health care operations, disclosures you have requested, and certain other disclosures. If you would like to receive an accounting of disclosures, write to the Director of Health Information Management at 2200 E. Show Low Lake Rd., Show Low, Arizona, 85901. 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 of the cost in advance.
- Right to Request Restrictions Use or Disclosure of Your Medical Information: You have the right to ask us not to use or disclose your medical information to treat you, to seek payment for care, or conduct healthcare operations at

Summit Healthcare. We are not required to agree to your request, but if we do agree, we will honor that agreement. To request a restriction, write to the Summit Health Information Management Department, or ask for a request form. If you want to request a restriction involving your health plan, contact registration or business office staff for assistance. If you or another person pays for a health care service out of pocket in full, you can request we not share information pertaining to the service for which you paid out of pocket with your health insurance company. We will honor this request unless required by law to share that information.

- **Right to Request Confidential Communications:** You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us contact you at a different address, or call you at a specific number. If you would like to request confidential communication, please inform Summit Healthcare personnel. You can ask to speak with your health care providers in private outside the presence of other patients - just ask them!
- **Right to Designate a Personal Representative:** You may designate a health care representative to exercise your rights, or act on your behalf if you are unable to communicate or make your own health care decisions due to mental or physical illness, injury, disability or incapacity. We will ensure this person has the authority to act for you before we take any action.

Summit Healthcare Association's Duties

- Summit Healthcare Association is committed to protecting the privacy and security of your medical information, and is required by law to abide by the terms of this notice currently in effect.
- Summit Healthcare will notify you promptly if a breach of your protected health information occurs which may compromise the privacy or security of your information.
- If Summit Healthcare wishes to use or disclose your medical information for a purpose that is not discussed in this notice, we will seek your written permission. If you give your permission to Summit Healthcare, you may revoke that permission any time, unless we have already relied on your permission to use or disclose the information. If you would like to revoke your permission, please notify the Summit Healthcare Privacy Officer in writing.
- Summit Healthcare Association reserves the right to change the terms of this notice and these changes will be effective for all medical information we maintain about you. 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 time upon request by contacting the facility administrator at (928) 537-6556 or on the Summit Healthcare Association website at www.summithealthcare.net.

Which Health Care Providers are Covered by this Notice?

This Notice of Privacy Practices applies to the Summit Healthcare Association and its covered entities, and its personnel, volunteers, students, and trainees. The notice also applies to other health care providers that come to the healthcare facility to care for patients, such as physicians, physician assistants, therapists, emergency service providers, medical transportation companies, and medical equipment and suppliers. Summit Healthcare may share your medical information with these providers for treatment purposes, to get paid for treatment, or to conduct health care operations. These health care providers will adhere to the rights stated in this notice for information they receive about you from Summit Healthcare. These other health care providers may follow different practices at their own offices or facilities.

Do You Have a Question, Concern or Complaint?

Please tell us about any problems or concerns you have with your privacy rights or how Summit Healthcare Association uses or discloses your medical information. You have the right to lodge a complaint if you feel your rights have been violated. You can file a complaint with Summit Healthcare's HIPAA Privacy Officer, at (928) 537-6939, by contacting the facility administrator at (928) 537-6556 or in writing at 4951 S. White Mountain Rd., Bldg. C, Show Low, Arizona, 85901. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at 200 Independence Avenue SW, Washington, DC. 20201, or by calling (877) 696-6775, or electronically at www.hhs.gov/ocr/privacy/hipaa/complaints.

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

Effective March 1, 2020