

Pagosa Springs Medical Center

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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

Please review it carefully.

Your Rights

Get an electronic or paper copy of your medical record

- You can ask to see or get 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, usually within 30 days of your request. 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. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, 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 in full for a service or health care item out-of-pocket, 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” if we are able unless a law requires us to share that information.

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 promptly provide you with a paper copy.

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

- You can complain if you feel we have violated your rights.
- You can file a complaint with us via Quality@psmedicalcenter.org.
- You can file a complaint with the U.S. 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 visiting the [OCR Complaint Portal](#).
- We will not retaliate against you for filing a complaint.

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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 our hospital patient directory. Unless you object, we may use and disclose in our hospital patient directory your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All this information, except religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy will be told your religious affiliation.
- **Note:** 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 tell us not to contact you.
- We may use or disclose your demographic information and the dates that you received treatment in order to contact you for fundraising activities supported by our medical center. If you do not want to receive these materials, please contact PSMC and request that these fundraising materials not be sent to you.

Our Uses and Disclosures

How do we typically use or share your health information?

Treat you	<ul style="list-style-type: none">• We can use your health information and share it with other professionals who are treating you.	Example: A doctor treating you for an injury consults with another doctor about your overall health condition.
Run our organization	<ul style="list-style-type: none">• We can use and share your health information to operate our medical center, improve your care, and contact you when necessary.	Example: We use health information about you to manage your treatment and services.
Bill for your services	<ul style="list-style-type: none">• 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.

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 have to 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/index.html>

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Help with public health and safety issues	<ul style="list-style-type: none">• Preventing disease.• Helping with product recalls.• Reporting adverse reactions to medications.• Reporting suspected abuse, neglect, or domestic violence.• Preventing or reducing a serious threat to anyone's health or safety.
Comply with the law	<ul style="list-style-type: none">• If state or federal laws require it, including but not limited to the Department of Health and Human Services, if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests	<ul style="list-style-type: none">• With organ procurement organizations.
Work with a medical examiner or funeral director	<ul style="list-style-type: none">• With a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, lawsuits and legal actions and other government requests	<ul style="list-style-type: none">• 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.• in response to a court or administrative order, or in response to a subpoena.
Inmates	<ul style="list-style-type: none">• If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for this practice to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

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.
- We support reproductive health care privacy. We will not use or disclosure your PHI when it is sought to investigate or impose liability on individuals, health care providers, or others who seek, obtain, provide, or facilitate reproductive health care that is lawful under the circumstances in which such health care is provided, or to identify persons for such activities. We will obtain a signed attestation that certain requests for PHI potentially related to reproductive health care are not for these prohibited purposes.

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Additional Notices:

PSMC participates in the **Contexture/COHRIO** Health Information Exchange (HIE) and the **CommonWell Health Information Exchange** (HIE). HIE provides participants with a way to share a patient's medical information securely and efficiently with other physicians and health care providers that participate in the HIE network. Using HIE helps your health care providers to share information and provide you with better care more effectively. The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care.

Unless you choose to opt out, your medical information, with the exception of psychotherapy session notes that are separately maintained by the provider, will be shared via the health information exchange. You may choose to opt-out by informing PSMC's registration staff and signing a notarized Contexture opt-out form or directly through www.contexture.org and/or the CommonWell HIE opt-out form provided by PSMC. Patients can opt back in anytime by signing Contexture's and/or CommonWell HIE's "Opt-In Form". It may take up to seven days to process your opt-out request, during that time your information will be available on the exchange.

PSMC participates in the **Colorado Immunization and Information System (CIIS)**. CIIS is a confidential system that collects and consolidates vaccination data for Coloradans of all ages and provides tools for designing and sustaining effective immunization strategies to prevent disease and reduce healthcare costs. Information in the CIIS system can be released only to individuals; individual's parent/legal guardian; individual's healthcare provider; a school or childcare center where the individual is enrolled; health insurers if financially responsible for immunizations; healthcare organizations and the Department of Health Care Policy and Financing for individuals enrolled in Medicaid. You may choose to opt-out of participation in the CIIS system through the [secure CIIS portal](#) or cancel an opt-out choice at any time. See [here for guidance from CIIS](#).

PSMC utilizes the **Colorado Prescription Drug Monitoring Program (PDMP)** to access historical prescription drug information. If you receive a prescription for a controlled substance, your identifying prescription information will be entered into the PDMP database.

PSMC utilizes **HIPAA-compliant software and technology** that involves the collection, storage, or sharing of PHI. You may choose to opt-out of participation in any software or technology system or cancel an opt-out choice at any time. This includes, but is not limited to, activities such as televideo communications, email communications and AI medical scribing.

For more information see: <https://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 web site.

This Notice of Privacy Practices is Effective: July 1, 2024, and applies to:

Pagosa Springs Medical Center

95 South Pagosa Blvd.

Pagosa Springs, CO 81147

www.pagosaspringsmedicalcenter.org

