MONTROSE
REGIONAL HEALTH
800 S. 3rd Street
Montrose, CO 81401

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.**

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 our Medical Records Department to see or get an electronic or paper copy of your medical record and other health information we have about you. • 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. • We also have a patient portal. Ask how to sign up.
Ask us to correct your medical record.	• You can ask our Medical Records Department to correct health information about you that you think is incorrect or incomplete. We may say no to your request, but we'll tell you why in writing within 60 days.
Request confidential communications.	• You can ask our Admissions Department 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 our Medical Records Department 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.

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Get a list of those with whom we've shared information.	• You can ask our Medical Records Department 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 our Admissions Department 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.
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 by contacting us using the Compliance Hotline 1–855–252–7606 or online at www.hotline–services.com. Enter Montrose Regional Health as the organization name. It's toll–free, available 24/7, and multilingual specialists are available. • 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 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 • Targeted advertising or certain kinds of profiling • 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 again.

Our 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.
Run our organization	• We can use and share your health information to run our practice, improve your care, and contact you when necessary.
Bill for your services	• We can use and share your health information to bill and get payment from health plans or other entities.

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: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health 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 medications ◦ Reporting suspected abuse, neglect, or domestic violence ◦ Preventing or reducing a serious threat to anyone's health or safety
Do research	• We can use or share your information for health research.
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 it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests	• We can share health information about you with organ procurement organizations.

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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
Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- 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:

www.hhs.gov/ocr/privacy/hipaa/ understanding/consumers/noticepp.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.

If you have any questions about this notice, please contact the Compliance Department at Montrose Regional Health.

This notice describes Montrose Regional Health's (MRH) Privacy Practices and that of any healthcare professional authorized to enter information into your MRH medical record or view your information for treatment, payment, or operations including all hospital services; medical and nursing students; any member of a volunteer group we allow to help you while you are receiving services at MRH; and all MRH employees, staff, and other workforce personnel. This notice also applies to: those practices and sites that are remote locations, or on–or–off campus facilities, or departments of MRH and operating under its license, MRH's inpatient rehabilitation unit and Independent Diagnostic Testing Facility (IDTF) Imaging at River Landing and the Ambulatory Surgical facilities operating under MRH's governing body when clearly indicated, including River Landing Surgical Center; private entities that lease space in property owned or leased by MRH only if they provide contracted clinical services to MRH; and personnel that provide contracted clinical services to MRH patients.

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Notice of Nondiscrimination and Accessibility Requirements

Montrose Regional Health (MRH) complies with applicable Federal and State civil rights laws and does not discriminate on the basis of race, color, ethnic, national origin, ancestry, age, sex, gender, sexual orientation, gender identity and expression, religion, creed, political beliefs, or disability (including pregnancy) in employment, admission or access to, treatment or participation in, or receipt of services and benefits.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91 and Title 28 CFR Part 35, regulations of the State of Colorado issued pursuant to these statutes at Title 24 Colorado Revised Statutes (CRS) Parts 4, 6, 8 and 34, Title 10 Code of Colorado Regulations (CCR) Section 8.100 and the Colorado Anti-Discrimination Act. Additionally, this statement is in accordance with Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116.

Montrose Regional Health

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
- If you need these services, please let a MRH caregiver team member know.

If you believe that Montrose Regional Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

- MRH Compliance Hotline 1-855-252-7606 or online at www.hotline-services.com. Enter "Montrose Regional Health" as the organization name. It's toll-free, available 24/7, and multilingual specialists are available.
- Colorado Department of Health Care Policy and Financing's 504/ADA Coordinator within 60 days of the incident by mail, phone, fax, or email. Complaint forms are available at hcpf.colorado.gov/americans-disabilities-act. If needed, the 504/ADA Coordinator is available to help file the grievance.
- You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
  - U.S. Department of Health and Human Services
  - 200 Independence Avenue, SW
  - Room 509F, HHH Building
  - Washington, D.C. 20201
  - 1-800-368-1019, 800-537-7697 (TDD)
  - Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html

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ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-970-249-2211.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-970-249-2211.

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-970-249-2211.

繁體中文 (Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-970-249-2211。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-970-249-2211번으로 전화해 주십시오.

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-970-249-2211.

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-970-249-2211.

العربية (Arabic)
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-970-249-2211.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-970-249-2211.

Français (French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-970-249-2211.

नेपाली (Nepali) ध्यान दिनुहोस्: तपाईले नेपाली बोल्नुहुन्छ भने तपाईको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-970-249-2211।

Tagalog (Filipino) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-970-249-2211.

日本語 (Japanese)注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-970-249-2211まで、お電話にてご連絡ください。

Cushite ◊ Oroomiffa (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-970-249-2211.

Persian رسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-970-249-2211 تماس بگیرید.

Kru Bàsɔ́ɔ̀-wùdù-po-nyɔ̀ (Bassa) Dè dɛ nià kɛ dyédé gbo: Ɔ jŭ ké ǹ [Bàsɔ́ɔ̀-wùdù-po-nyɔ̀] jŭ ní, nìí, à wudu kà kò dò po-poɔ̀ bɛ́ìn ǹ gbo kpáa. Đá 1-970-249-2211

Igbo asusu (Ibo) Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-970-249-2211.

èdè Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-970-249-2211.