

GILA HEALTH RESOURCES, LLC

NOTICE OF PRIVACY PRACTICE

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.

You have the right to obtain notice of the uses and disclosures of your protected health information with respect to your protected health information. This notice shall describe your rights pertaining to protective health information.

Uses and Disclosures of Your Health Information

1. We may use health information about you for treatment, payment, or health care operational purposes. Information that we may use or disclose includes your health information obtained from this time forward and all other health information in your medical record prior to this date. We may disclose your complete medical record, including portions that were created by another health care provider, as long as the disclosure is for the purpose of treatment, payment, and health care operations.
2. Your medical information may be used to treat your medical condition or to consider treatment for your medical condition. Your medical record information may also be sent to a specialist physician as part of a referral.
3. Your medical information may also be used to send billing information to a health insurance plan or to obtain payment from other insurers, including, but not limited to, AHCCCS, Medicare or other third party insurers. If your health information is used for payment purposes, we will only disclose the minimal amount of information that is necessary for payment purposes.
4. Your medical information may also be used to evaluate the quality of care that you receive, and for other quality assurance and quality assessment purposes. For example, your health information may be used to compare patient data to approve treatment methods. If your medical information is used for health care operational purposes, we will only disclose the minimal amount of information that is necessary for operational purposes.
5. We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information for reasons such as:
 - A. Public health purposes;
 - B. Abuse or neglect reporting;
 - C. Auditing purposes;
 - D. Research studies;
 - E. Funeral arrangements;
 - F. Contact for organ donation purposes;
 - G. Workers' compensation purposes; and
 - H. Emergencies.

- I. Proof of immunization to a school as part of a student's admission requirement.
 - J. Information when otherwise required by law, such as for law enforcement in specific circumstances.
6. We may also contact you about appointment reminders, treatment alternatives, or other health related benefits and services that may be of interest to you.
 7. If the use or disclosure of your medical information is prohibited or limited by any other applicable law, disclosure of your medical information will comply with the more stringent law.
 8. Other uses and disclosures of your medical information will be made only with your written authorization.
 9. IF YOU SIGN AN AUTHORIZATION TO DISCLOSE INFORMATION, YOU CAN LATER REVOKE THAT AUTHORIZATION TO STOP ANY FUTURE USES AND DISCLOSURES. In the event that you decide that you do not want your medical information disclosed or used as described above, please notify us in writing immediately.

Your Rights

1. You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to such restrictions. If you would like to restrict the use and disclosure of your information, please provide notice to us in writing. You should address your written notification to the HIPAA Officer, listed below.
2. You have the right to request that your health information be communicated to you in a confidential manner. For example, you may request that we send mail to an address other than your home.
3. In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request copies, we will charge you \$ 0.25 for each page and \$10.00/hr. for clerk fee. You should note that fees that we charge for copying your records will not include costs associated with searching for and retrieving the requested information.
4. You have the right to request to amend protected health information. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. If we receive and accept your request to amend any health information from you, we may be required to release any such changes to persons who may have relied or could have foreseeably relied upon such information to the detriment of the individual. By requesting an amendment to your protected health information, you consent to the release of the changes.
5. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or related administrative purposes. This right will enable you to receive information regarding who has received your medical information.
6. You have the right to receive copies of your medical records, in an electronic format, if you ask for them.

7. Upon your request, you have the right to obtain a paper copy of this Notice.
8. If you choose to pay out of pocket for a health service rather than having a claim submitted to your health plan, you may dictate to us that the insurer not have access to information about the service.
9. You may request in writing that we not use or disclose your information for treatment, payment, or administrative purposes or to persons involved in your care, except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it.

Gila Health Resources, LLC Duties

Gila Health Resources, LLC:

1. Is required by law to protect the privacy of your health information and to provide you with notice of our legal duties and privacy practices described in this notice.
2. Is required to abide by the terms of the Notice currently in effect.
3. Reserves the right to change our policies at any time and to make the new Notice provision effective for all protected health information that it maintains. Before GHR makes a significant change in our policies, we will change our Notice and **post the new Notice in the waiting area**. You can also request a copy of the new Notice at any time. For more information about our privacy practices, contact the HIPAA Officer listed below. You may receive a copy of the changed Notice of Privacy Practices by requesting a copy from the receptionist or the HIPAA Officer, listed below.

Complaints

1. If you are concerned that we have violated your privacy rights or you disagree with a decision we made about access to your records, you may contact the HIPAA Privacy Officer, Chuck Smerglia, at the Gila Health Resources and/or to the Office of Civil Rights. Your complaint to the Office of Civil Rights must be submitted either on paper or electronically. Your complaint must be filed within 180 days from the date that you either knew or should have known that your privacy was violated. The Office of Civil Rights may waive this 180-day time limit if good cause is shown. To obtain the electronic address to file a complaint with the Office of Civil Rights, you may contact the HIPAA Officer.
2. To submit a complaint to the Gila Health Resources, you may file your complaint, specifying the specific reason why you believe your privacy rights have been violated. If possible, please include the name of the Gila Health Resources employee whom you believe to be responsible for violating your privacy rights and the date and time of such violation. You may give your complaints to the receptionist or you may deliver your complaint to the HIPAA Privacy Officer, Chuck Smerglia, at:

Gila Health Resources, LLC
Attention: Chuck Smerglia, Privacy Officer
401 Burro Alley

Morenci, Arizona 85540

Or you may mail it to:

Gila Health Resources, LLC
Attention: Administrator
P.O. Box 218
Morenci, Arizona 85540

You may also file a complaint verbally by telephoning Chuck Smerglia, Privacy Officer, at (928) 865-7550.

3. Please be assured that in the event that you file a complaint, you will not be retaliated against for filing such a complaint.

For Further Information

For further information regarding this Notice of Privacy Practices, please contact Chuck Smerglia, the Privacy Officer, at (928) 865-9184.

EFFECTIVE DATE: The effective date of this notice is February 1, 2004, with revision date on September 5, 2013.