

# Rock Springs Notice of Privacy Practices

**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.**

**It is our legal duty** to protect the privacy and security of your information. We are committed to keeping your health information private, and we are required by law to respect your confidentiality.

This Notice describes the privacy practices of Rock Springs and its affiliated facilities (collectively, (“we”, “our”, “us”). This Notice applies to all of the health information that identifies you and the care that you receive at Rock Springs facilities.

Your health information may consist of paper, digital, or electronic records but could also include photographs, videos and other electronic transmissions, or recordings that are created during your care and treatment.

Federal and state laws require Rock Springs to protect your health information and federal law requires us to describe to you how we handle that information. When federal and state privacy laws are different and conflict, and the state law is more protective of your information or provides you with greater access to your information, then we will follow state law.

## **ROCK SPRINGS AND AFFILIATED FACILITIES**

All of our facilities, employed physicians, offices, entities, other services, and affiliated facilities follow the terms of this Notice.

The doctors and other caregivers at Rock Springs who are not employed by Rock Springs may exchange information about you as a patient with Rock Springs personnel. In connection with the health care that these health care practitioners provide to you outside the Rock Springs, they may also give you their own privacy practices that describe their office practices.]

We and our affiliated facilities may share your health information with one another for reasons of treatment, payment, and health care operations as described below.

## **HOW ROCK SPRINGS MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

When you become a patient of Rock Springs, we will use your health information within Rock Springs and disclose your health information outside Rock Springs for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your health information.

**Treatment.** We use your health information to provide you with health care services. We may disclose your health information to doctors, nurses, technicians, medical or nursing students, or other persons at Rock Springs who need the information to take care of you. For example, a doctor

treating you for an injury may need to ask another doctor if you have your overall health condition because the condition may affect the injury's healing process. We also may disclose your health information to people outside Rock Springs who may be involved in your health care, such as treating doctors and home care providers. We may share certain information with person(s) you identify as a family member, relative, friend, or other person that is directly involved in your care or payment for your care. If it becomes necessary, we will notify these individuals about your location, general condition, or death.

**Payment.** We may use and disclose your health information so that the health care you receive can be billed and paid for by you, your insurance company, or another third party. For example, we may give information about a procedure that you had here to your health plan so it will pay us or reimburse you for the procedure. We may also tell your health plan about a treatment you are going to receive so we can get prior payment approval or learn if your plan will pay for the treatment.

**Health Care Operations.** We may use your health information and disclose it outside Rock Springs for our health care operations. For example, we may use your health information to review the care you received and to evaluate the performance of our staff in caring for you. We also may combine health information about many patients to identify new services to offer, what services are not needed, and whether certain therapies are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other persons at Rock Springs for learning and quality improvement purposes.

**Contacting You.** We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone, or email. For example, we may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

**Health Information Exchanges.** We may provide your health information to a health information exchange ("HIE") and a patient portal in which we participate. A HIE is a health information database where other healthcare providers caring for you can access your medical information from wherever they are if they are members of the HIE. The patient portal is a mechanism by which you can access your health information online after your care and treatment. If you do not want your medical information to be placed in the patient portal and shared with HIE-member healthcare professionals, you can opt out by submitting the opt out form. It will take five (5) business days for the opt out to go into effect. Note that if you opt out, providers may not have the most recent information about you which may affect your care. You can always opt in at a later date by revoking the opt out form in writing.

**Health-Related Services.** We may use and disclose health information about you to send you mailings about health-related products and services available at Rock Springs.

**Philanthropic Support.** We may use or disclose certain health information about you to contact you in an effort to raise funds to support Rock Springs and our operations. You have a right to choose not to receive these communications and we will tell you how to cancel them.

**Patient Information Directories.** Our facilities include limited information about you in their patient directories, such as your name and possibly your location in the hospital and your general condition (for example: good, fair, serious, critical, or undetermined). We usually give this information to people who ask for you by name. We also may include your religious affiliation in the directories and give this limited information to clergy from the community. We do not release this information if you are being treated on a substance abuse unit unless permitted by state or federal law. Releasing directory information about you enables your family and others (such as friends, community-based clergy, and delivery persons) to visit you in the hospital and generally know how you are doing. If you prefer that this personal information be kept confidential, you may make that request to the hospital admitting department and we will not release any of this information.

**Medical Research.** We perform medical research here. Our clinical researchers may look at your health records as part of your current care, or to prepare or perform research. They may share your health information with other Rock Springs researchers. All patient research conducted at Rock Springs goes through a special process required by law that reviews protections for patients involved in research, including privacy. We will not use your health information or disclose it outside Rock Springs for research reasons without either getting your prior written approval or determining that your privacy is protected.

**Organ and Tissue Donation.** We may release health information about organ, tissue, and eye donors and transplant recipients to organizations that manage organ, tissue, and eye donation and transplantation.

**Public Health and Safety.** We will disclose health information about you outside Rock Springs when required to do so by federal, state, or local law, or by other legal process (e.g., for judicial and administrative proceedings, including court or administrative orders and in response to a subpoena). We may disclose health information about you for public health and safety reasons, like reporting births, deaths, child abuse or neglect, reactions to medications, or problems with medical products. We may also share your health information when needed to lessen a serious and imminent threat to health or safety such as to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure. We also may disclose health information about you in the event of an emergency or for disaster relief purposes.

If you have a clear preference for how we share your information, talk to us. Tell us what you want us to do, and we will follow your instructions to the best of our ability and as permitted by law. If you are not able to tell us your preference, for example if you are unconscious, we may also share your information if we believe it is in your best interest.

## **AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES**

As described above, we will use your health information and disclose it outside Rock Springs for treatment, payment, health care operations, and when required or permitted by law. We will

not use or disclose your health information for other reasons without your written authorization. For example, most uses and disclosures of psychotherapy notes require your written authorization.

With your written permission, we may share your health information to promote our own products and services or for marketing purposes. This may occur in person, when we discuss products and services with you face-to-face or it may occur when you visit our webpages or mobile device applications. We may collect and share this information through cookies, pixels, or similar technologies. This information can include technical information about your device or browser (e.g., Internet Protocol addresses, operating systems, and referring URLs) as well as information about your activities on and use of webpages and mobile device applications (e.g., access time, pages viewed, and links clicked). You should review the privacy policy on the Rock Springs website for detailed information on the types of cookies, pixels, and other technologies that we may use, as well as the information we may collect and share. We may only sell your health information if we have received your prior written authorization to do so.

These kinds of uses and disclosures of your health information will be made only with your written consent. You may revoke the authorization in writing at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION**

**Right to Inspect and Obtain Copy.** You have the right to inspect and obtain a copy of your completed health records unless your doctor believes that disclosure of that information to you could harm you. You may not see or get a copy of information gathered for a legal proceeding or certain research records while the research is ongoing. Your request to inspect or obtain a copy of the records must be submitted in writing, signed and dated, to the Privacy Officer via a contact method provided below. This may take up to thirty (30) days to prepare, and there may be a reasonable preparation fee associated with making any copies. If Rock Springs denies your request to inspect or obtain a copy of the records, you may appeal the denial in writing to Rock Springs's Privacy Officer via contact method provided below.

**Right to Amend.** If you feel that the health information we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must be in writing, signed, and dated. It must specify the records you wish to amend, identify the Rock Springs facility that maintains those records, and give the reason for your request. We may deny your request; if we do, we will tell you why and explain your options. Rock Springs will respond to you within 60 days.

**Right to Accounting.** You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom Rock Springs has disclosed your health information without your written authorization. The accounting may not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures and the Rock Springs facility that maintains the records about which you are

requesting the accounting. We may not list disclosures made earlier than six (6) years before your request. Your request should indicate the form in which you want the list (for example, on paper or electronically). You must submit your written request to the Privacy Officer via a contact method provided below.

We will respond to you within 60 days. We will give you the first listing within any 12-month period free of charge, but we will charge you for all other accountings requested within the same 12 months.

**Right to Request Restrictions.** You have the right to ask us to restrict the uses or disclosures we make of your health information for treatment, payment, or health care operations, but we do not have to agree in most circumstances. However, if you pay out of pocket and in full for a health care item or service, and you ask us to restrict the disclosures to a health plan of your health information relating solely to that item or service, we will agree to the extent that the disclosure to the health plan is for the purpose of carrying out payment or health care operations and the disclosure is not required by law. You also may ask us to limit the health information that we use or disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. Again, we do not have to agree.

A request for a restriction must be signed and dated, and you must identify the Rock Springs facility that maintains the information. The request should also describe the information you want restricted, say whether you want to limit the use or the disclosure of the information or both, and tell us who should not receive the restricted information. You must submit your request in writing to the Privacy Officer via a contact method provided below. We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request for confidential communications must be in writing, signed, and dated. It must identify the Rock Springs facility making the confidential communications and specify how or where you wish to be contacted. You need not tell us the reason for your request, and we will not ask. You must send your written request to the Privacy Officer via a contact method provided above. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy of this Notice at any of our facilities or by contacting the Privacy Officer via a method provided below. You also can view this Notice at our website, [rockspringshealth.com](http://rockspringshealth.com).

## **OUR CONTACT INFORMATION**

For more information about these privacy practices, to place a complaint, to exercise the rights described herein, or to report a concern or conflict, please contact us at:

Rock Springs **Privacy Officer**  
**512.819.9400**  
**700 Southeast Inner Loop**  
**Georgetown, TX 78626**

Or, if you prefer to remain anonymous, you may call the toll-free number **1-877-508- LIFE (5433)** and an attendant will handle your concern anonymously.

You may also send a written complaint to the United States Department of Health and Human Services if you feel we have not properly handled your complaint. You can use the contact listed above to provide you with the appropriate address or visit <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>. Under no circumstance will you be retaliated against for filing a complaint.

## **CHANGES TO THIS NOTICE**

We reserve the right to change our policies and notice of privacy practices at any time. If we should make a significant change in our policies, we will change this notice and post the new notice. We will post a copy of the current Notice at each of our facilities and on our website, [rockspringshealth.com](http://rockspringshealth.com).