

Ridgecrest Regional Hospital
Summary Notice of Privacy Practices
Effective April 14, 2003; Revised March 17, 2015

Patient Name
MR#

This notice describes how medical information about you may be used and disclosed and how you may obtain access to your health information. If you wish to request a detailed version of this Privacy Practice Notice, please contact the Director of Health Information Management or view the form on our website at www.rrh.org.

Uses and Disclosures: We will use and disclose your protected health information (PHI) in the following ways:

- For purposes of treatment, payment, and hospital operations.
- When release is required by law, including: for military purposes, for law enforcement requests, for national security reasons, or for healthcare regulatory, or accrediting agencies.
- In emergency situations or for health and safety reasons.
- To medical examiners, coroners, or funeral directors.
- To organ, tissue, and other donation organizations.
- To contact you about appointment reminders or to tell you about other health-related benefits and services.
- For our Hospital Directory.
- For Worker's Compensation requests.
- To people who are involved in your care.
- For other purposes as set forth in the full Notice of Privacy Practices.

All other uses and disclosures by Ridgecrest Regional Hospital will require us to obtain from you a written authorization.

Your Rights:

- Restrictions: To ask us to limit the information we share, including a right to not have your information disclosed to your health plan when you pay for your services yourself. We will consider requests on an individual basis.
- Confidential communications: To receive your confidential health information by alternate addresses, telephone numbers, or fax numbers.
- Access: To inspect or receive copies of your medical record.
- Amendments: To request changes be made to your health information. (The request will be considered on an individual basis.)
- Accounting: To receive a list of our disclosures or your health information.
- This notice: To ask for a copy of our full privacy notice.
- Complaints: If you feel your privacy rights have been violated, please contact the hospital departments listed below to file a complaint with the hospital. You may also complain to the U.S. Department of Health & Human Services Office of Civil Rights. You will not be retaliated against for filing a complaint.

Our Duties: We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice or any update of this notice. Updates to this notice are effective for all PHI we maintain. We must provide notification to you of a breach of unsecured PHI

Privacy Contact: For more information about our privacy practices, please contact:

HIPAA Privacy Officer (760) 499-3675
Director of Health Information Management (760) 499-3670

I acknowledge receipt of this notice: _____
Signature Date

If you are signing as the patient's representative, print your name and relation:

Name Relation

1996 Health Insurance Portability and Accountability Act, all amendments and revisions thereto (HIPAA)

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SUMMARY NOTICE OF PRIVACY PRACTICES