

## Dillon Surgery Center Notice of Privacy Practices

Effective Date: January 1, 2025

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***THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS TO THIS INFORMATION***

***TO PROTECT YOUR RIGHTS--PLEASE REVIEW IT CAREFULLY***

If you have any questions about this notice, please contact the Dillon Surgery Center Privacy Officer at 970.479-7247 or [Privacy@vailhealth.org](mailto:Privacy@vailhealth.org).

Each time you visit a healthcare facility, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information.

These entities may share information with each other for the purposes described in this Notice. Our employees and agents and the other health care professionals providing services to you in our facilities or offices are subject to this Notice. This Notice applies to all of the records of your care generated or maintained by our facilities whether made by our personnel, agents of the facilities, or your personal provider. Other health care providers from whom you obtain care and treatment may have different policies or notices regarding the use and disclosure of your health information created or received by that provider. Also, health plans in which you participate may have different policies or notices concerning information they receive about you.

### **OUR RESPONSIBILITIES**

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this Notice.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following categories describe examples of the way we use and disclose health information:

**For Treatment:** We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at our facilities. For example: a doctor treating you for a heart condition may need to know if you have diabetes because diabetes can be a risk factor for coronary artery disease. Different departments of our facilities also may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays.

We also may disclose health information about you to people outside our facilities who may be involved in your medical care during or after you leave the hospital or clinic, such as family members, friends, or others we use to provide services that are part of your care. We will give you an opportunity; however, to restrict such communications.

We may disclose health information about you to other health care providers who request such information for purposes of providing medical treatment to you. For example, we may share your personal health information with your personal physician or a home health agency serving you after you have been discharged.

**For Payment:** We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third-party payer. For example, we may give your insurance company information about your office visit or procedure so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

We also may provide information about you to other health care providers to assist them in obtaining payment for treatment and service provided to you by that provider. For example, we may share information with the radiologist who interpreted your x-ray at the request of your ordering physician.

**For Health Care Operations:** We may use and disclose health information about you for our internal operations. These uses and disclosures are necessary to run our facilities and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may combine health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, students and other personnel for review and learning purposes. And we may also combine the health information we have with health information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information to protect your privacy.

We may also use and disclose health information:

- to business associates and their subcontractors we have contracted with to perform the agreed upon service and billing for it;
- to remind you that you have an appointment for medical care;
- to assess your satisfaction with our services;
- to tell you about possible treatment alternatives;
- to tell you about health-related benefits or services;
- to inform Funeral Directors consistent with applicable law;
- for population-based activities relating to improving health or reducing health care costs; and
- for conducting training programs or reviewing competence of health care professionals in the course of providing training and education to medical students.

In order to carry out these operational activities, we or a company who works for us may communicate with you using the mailing addresses, email addresses and/or phone numbers that you have provided to us. The calls may be auto dialed and/or include artificial or pre-recorded messages. We may leave messages on your answering machine/voice mail or text you unless you tell us otherwise (see Request Restrictions below).

**Business Associates:** There are some services provided in our organization through contracts with vendors, subcontractors, and other business associates. For example, we may contract with a copy service to make copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information; however, we require the business associate as well as any subcontractor used by the business associate to appropriately safeguard your information.

**Individuals Involved in Your Care or Payment for Your Care:** We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose health information about you to an entity, such as the American Red Cross, assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Fundraising Communications:** We may use certain information (name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information or outcome information) to contact you for the purpose of raising money for Dillon Surgery Center and you will have the right to opt out of receiving such communications with each solicitation.

For the same purpose, we may provide your name to our institutionally related Foundation. The money

raised will be used to expand and improve the services and programs we provide the community. You are free to opt out of fundraising solicitation, and your decision will have no impact on your treatment or payment for services at Dillon Surgery Center. If you do not want to receive any fundraising requests in the future, notify our Office of Development at 970.477.5177.

**Research:** We may disclose information to researchers when an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research and granted a waiver of the authorization requirement.

**Participation in Health Information Networks:** We may share information that we obtain or create related to your healthcare with other health care providers or other health care entities, such as your health plan, health insurer or other providers, as permitted by law, through Health Information Exchanges (HIEs) in which we participate. Exchange of health information can provide faster access, better coordination of care, reduce health care costs, and assist providers and public health officials in making more informed decisions.

To allow authorized individuals to access your electronic health information you do not have to do anything. Your health information will automatically be included in the Health Information Exchanges (HIEs) we participate in.

**Opting Out:** If you do not wish to share information with providers through an HIE, you must opt out by completing the Opt-Out Form available from the Patient Access or Health Information Management Departments. If you choose to opt-out, your medical provider(s) will NOT be able to access the information in the data repository, even in the case of an emergency, which could save your life in some situations. By submitting a request for restrictions, you accept the risks associated with that decision. Your decision to restrict access to your health information through the HIE does not impact other disclosures of your health information, as permitted by law.

**Reproductive Health Care:** We support reproductive health care privacy. We will not use or disclose your protected health information potentially related to reproductive health care, without first obtaining your authorization, except as required by law. Your reproductive health care information may not be use or disclose for any of the following activities:

- To conduct a criminal, civil or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.
- To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.
- To identify any person for any purpose listed above in this section.

You have the right to request additional protections of your health information. We will accommodate reasonable requests to ensure the confidentiality of your sensitive health data.

**Future Communications:** We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community-based initiatives or activities our facilities are participating in.

**As Required by Law:** We may also use and disclose health information to the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Oversight Agencies
- National Security and Intelligence Agencies

- Protective Services for the President and Others

**Law Enforcement/Legal Proceedings:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

**Incidental Disclosure:** Certain disclosures may occur incidentally. For example, conversations regarding your medical care may be overheard by other persons or patients in an office or facility or someone may view your name on the sign-in sheet in the waiting area. We will use our best efforts to limit these disclosures, but the efficient delivery of medical care in our offices or facilities will not totally eliminate incidental disclosures.

**State-Specific Requirements:** Many States have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If the applicable state privacy laws are more stringent than Federal privacy laws, the state law preempts the Federal law.

### **YOUR AUTHORIZATION REQUIRED**

As required by the applicable law, your prior authorization is required for most uses and disclosures by us of the following types and categories of your health information:

- Most sharing of psychotherapy notes;
- Marketing purposes; and/or
- Sale of your information, however Dillon Surgery Center does not sell health information.

Additionally, your prior authorization will be required for any use or disclosure by us of your health information that is not permitted or covered under this Notice.

### **YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of the health care practitioner or facility that compiled it, you have the following rights:

**Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

You may request a copy of your health information in an electronic format or direct us to transmit it to another entity or individual. We may charge a reasonable fee for labor, supplies, postage for copies or for a summary of your information pursuant to your authorization to send copies to these third parties.

Your request for a copy should be referred to the Health Information Management Department. For additional information call **Dillon Surgery Center** at (970) 485-7070 or visit our website: [www.dillonsurgerycenter.com](http://www.dillonsurgerycenter.com)

We may deny your request to inspect and copy your health records in certain very limited circumstances. If you are denied access to health information, you will receive a written response and may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Amend:** If you feel that health information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial. Your request for an amendment should be referred to the Privacy Officer.

**An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required. Your request for an

accounting of disclosures should be referred to the Privacy Officer.

**Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a colonoscopy you had to anyone otherwise involved in your treatment. Your request for a restriction on the use or disclosure of your information should be referred to the Privacy Officer who shall confirm the request in writing. Please note that we are not required to agree to your request (except as otherwise stated in this Notice or required by law).

**Request to Restrict Disclosures to Health Plans:** You have the right to request us to restrict disclosure of your health information to your insurer or health plan if:

- The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law;
- You (or anyone on your behalf other than the insurer health plan) have paid us out-of-pocket in full prior to receiving the services you are requesting us to restrict; and
- Your request should be directed to the Patient Access representative at the place of registration and must be in writing.

**Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work, instead of your home. We will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location. Your request for confidential communications should be referred to the Patient Access representative at the place of registration,

**Right to Notification:** We will notify you of certain unpermitted Uses and Disclosures that have occurred. This will be done by mail or other means, if necessary.

**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 of this notice.

***TO EXERCISE ANY OF YOUR RIGHTS, PLEASE OBTAIN THE REQUIRED FORMS FROM THE PRIVACY OFFICER, THE HEALTH INFORMATION MANAGEMENT DEPARTMENT OR A PATIENT ACCESS REPRESENTATIVE AND SUBMIT YOUR REQUEST IN WRITING.***

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. A summary of the current notice will be posted in our facilities and include the effective date. In addition, each time you register at or are admitted to Dillon Surgery Center for treatment or health care services, we will offer you a copy of the current notice in effect. You may obtain a copy of this Notice by: contacting the Privacy Officer; picking one up from a Patient Access representative; or from our web site, [www.dillonsurgerycenter.com](http://www.dillonsurgerycenter.com).

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the federal Department of Health and Human Services (HHS). To file a complaint with us,

put your complaint in writing and address it to the Privacy Officer at the address below. For initiating a complaint with the Secretary, please visit HHS's website at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>.

**We will not retaliate against you for filing a complaint.** You may also contact our Privacy Officer if you have questions or comments about our privacy practices.

#### **OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

#### **PRIVACY CONTACT INFORMATION**

Privacy Officer  
Vail Health Compliance Department  
PO Box 40,000  
Vail, CO 81657  
970.479-7247  
[Privacy@vailhealth.org](mailto:Privacy@vailhealth.org)