

**Research:** We may disclose information to researchers when their research has been approved by the hospital's Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Funeral Directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose health information to organ procurement organization or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

**Fund Raising:** We may contact you as a part of a fund-raising effort.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

**Workers Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with the laws relating to workers compensation or other similar programs established by law.

**Public Health:** As required by law, we will disclose health information to public health or legal authorities charged with preventing or controlling diseases, injury or disability.

**Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health and safety of other individuals.

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

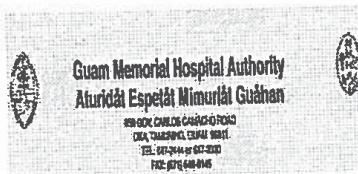
Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in endangering one or more patients, workers or the public.

**Contact Information:**

You may contact the Privacy Officer or the Privacy Patient Advocate for further information about the complaint process or for further explanation of this document.

The Privacy Officer may be contacted at the Medical Records Department by phone at (671) 647-2162 or you may e-mail questions to [hjpc@mail.gmha.org](mailto:hjpc@mail.gmha.org)

For additional information regarding your privacy rights or to review our Privacy Policies & Procedures, please visit our web site at [www.gmha.org](http://www.gmha.org).



## NOTICE OF PRIVACY PRACTICES

Effective April 28, 2004

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Guam Memorial Hospital Authority  
#850 Gov. Carlos G. Canchado Road  
Tampuning, Guam 96913  
Tel: (671) 647-2550  
[www.gmha.org](http://www.gmha.org)

### Acknowledgement of Receipt of this Notice

You will be asked to provide a signed acknowledgement of receipt of this notice.

Our intent is to make you aware of the possible use and disclosures of your protected health information and your privacy rights.

The delivery of your health care services will in no way be conditional upon your signed acknowledgement.

If you decline to provide a signed acknowledgement, we will continue to provide your treatment and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

### Understanding Your Health Record and/or Information:

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a

- basis for planning your care and treatment
- means of communication among the many health professional who contribute to your care.

- legal document describing the care received
- means by which you, your health insurance company or third party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

#### Your Health Information Rights:

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have a right to:

- request restrictions in writing to the Privacy Officer on certain uses and disclosures of your information as provided 45 CFR 164.522
- Obtain a paper copy of the notice of privacy information practices upon request or view it electronically at our web site
- inspect and copy your health record as provided for in 45 CFR 164.524
- amend your health record as provided for in 45 CFR 165.528
- obtain an accounting disclosure of your health information as provided in 45 CFR 164.528

- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

#### Other Responsibility

Our hospital is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied us.

We will not use or disclose your health information without your authorization, except as described in this notice.

#### For more information or to report a problem

If you believe your privacy rights have been violated, you can file a written complaint with the Patient Privacy Advocate at (671) 647-2443 or the Privacy Officer. Also, you can file a complaint with the Secretary of Health and Human Services. All complaints must be submitted in writing. There will be no penalization for filing a complaint.

#### Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment. For example, information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his expectations of the members of your healthcare team. Your healthcare team will then record actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you once you are discharged from this hospital.

We will use your health information for payment. For example, a bill may be sent to you, your health insurance company, or third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

We will use your health information for regular healthcare operations. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

#### Other Uses or Disclosures:

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include physician services in the Emergency Medicine Department, Radiology, Respiratory, and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you, your health insurance, or third party payer for services rendered. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.

**Directory:** Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. The information may be provided to members of the clergy and except for religious affiliation to other people.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Communication with Family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

GUAM MEMORIAL HOSPITAL AUTHORITY  
 Notice of Privacy Practices  
 GMHA Form 80309 Stock #890309  
 Approved Date:  
 Reviewed Date:



# **Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan**



850 GOV. CARLOS CAMACHO ROAD  
OKA, TAMUNING, GUAM 96911  
TEL: 647-2444 or 647-2330  
FAX: (671) 649-0145

## **PATIENT CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS**

1. I understand that as part of my health care, Guam Memorial Hospital Authority originates, records, and maintains health information about me describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment, I understand that this health information may be used or disclosed by Guam Memorial Hospital Authority for treatment, payment, and health care operations. For example, my health information serves as:
  - A basis for planning my care and treatment;
  - A means of communication among the many health professionals who contribute to my care;
  - A source of information for applying my diagnosis and surgical information to my bill;
  - A means by which a third-party payor can verify that services billed were actually provided; and
  - A tool for routine health care operations, such as assessing quality and reviewing the competence of health care professionals.
2. I acknowledge that I have been provided with Guam Memorial Hospital Authority's Notice of Privacy Practices that provided a more complete description of information uses and disclosures. I understand that I have the right to review the Notice of Privacy Practices prior to signing this consent. I understand that Guam Memorial Hospital Authority reserves the right to change its Notice of Privacy Practices and prior to implementation will mail a copy of any revised notice to the address I have provided.
3. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations, and that Guam Memorial Hospital Authority is not required to agree to the restrictions requested but if it does, it is bound by such restrictions.
4. I understand that I may revoke this consent in writing, except to the extent that Guam Memorial Hospital Authority has already taken action in reliance thereon.

5. By signing this form, I consent to Guam Memorial Hospital Authority's use and disclosure of my health information for treatment, payment and health care operations.

\_\_\_\_\_  
Print Name of Patient or Legal Representative:

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Notice Effective Date: April 14, 2003

I request the following restrictions to the use or disclosure of my health information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Restrictions Accepted

Restrictions Denied

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_



**Guam Memorial Hospital Authority  
Aturidåt Espetåt Mimuriåt Guåhan**



850 GOV. CARLOS CAMACHO ROAD  
OKA, TAMUNING, GUAM 96911  
TEL: 647-2444 or 647-2930  
FAX: (671) 649-0145

**Notice of Privacy Practices  
Effective Date: April 14, 2003**

**Acknowledgment Receipt**

My signature below indicates that I have been provided with a copy of the notice of privacy practice.

\_\_\_\_\_  
Signature Patient or Legal Representative

\_\_\_\_\_  
Date

If signed by legal representative; relationship to patient \_\_\_\_\_

Distribution: Original to Medical Records; copy to Patient