



Dear Patient,

Attached please find the following documents:

1. Davis Hospital's Notice of Privacy Practices
2. Patient Rights and Responsibilities

Your name and signature on this sheet indicate that you have received a copy of Davis Hospital's Notice of Privacy Practices and Patient Rights and Responsibilities on this date and time indicated. If you have any questions regarding the information set forth in these two documents please do not hesitate to contact:

Privacy Officer 1-801-807-7655.

Davis Hospital and Medical Center would like to inform you that in accordance with Federal Regulation the following information is provided:

Davis Hospital and Medical Center is a physician owned hospital, and a list of physicians, owners or investors is available upon request.

Thank You,

Wasatch Peak

Date: _____ Time: _____

Patient or Patient's Representative: _____

Joint 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.

1. **Purpose:** Davis Hospital and Medical Center and its professional staff, employees, and volunteers and all of its affiliated entities and clinics (referred to collectively as Hospital) follow the privacy practices described in this Notice. The Hospital maintains your medical information in records that will be maintained in a confidential manner, as required by law. However, the Hospital must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, the Hospital must share your medical information as necessary for treatment, payment and health care operations.
2. **Organized Health Care Arrangement.** The Hospital and its medical staff participate together in an organized health care arrangement to provide health care to you at the Hospital. This Notice applies to physicians and other members of the Medical Staff who have agreed to abide by its terms concerning the services they perform at the Hospital or at a Hospital department. This Notice does not create an agency relationship, a joint venture, or any other legal relationship between those covered by this Notice. Under this arrangement, the Hospital may share your medical information as necessary for treatment, payment and health care operations.
3. **What Are Treatment, Payment, and Health Care Operations?** Treatment includes sharing information among health care providers involved in your care. For example your physician may share information about your condition with the pharmacist to discuss appropriate medications or with radiologists or other consultants in order to make a diagnosis. The Hospital may use your medical information as required by your insurer or HMO to obtain payment for your treatment and hospital stay. We also may use and disclose your medical information to improve the quality of care, e.g., for review and training purposes.
4. **How Will the Hospital Use My Medical Information?** Your medical information may be used, unless you ask for restrictions on a specific use or disclosure, for the following purposes:
 - Hospital Directory, which may include your name, general condition, and your location in the Hospital.
 - Religious affiliation to the hospital chaplain or member of the clergy.
 - Family members or close friends involved in your care or payment for your treatment.
 - Disaster relief agency if you are involved in a disaster relief effort.
 - Appointment reminders.
 - To inform you of treatment alternatives or benefits or services related to your health. (You will have an opportunity to refuse to receive this information.)

- Fundraising activities by the Hospital's Foundation, but such information will be limited to your name, address, phone number, and the dates you received services at the Hospital. (You will have an opportunity to refuse to receive these communications.)
- As required by law.
- Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems, notification or recalls, infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence (if you agree or as required by law).
- Health oversight activities, *e.g.*, audits, inspections, investigations, and licensure.
- Lawsuits and disputes. (We will attempt to provide you advance notice of a subpoena before disclosing the information.)
- Law enforcement (*e.g.*, in response to a court order or other legal process; to identify or locate an individual being sought by authorities; about the victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; about criminal conduct that occurred on the Hospital's premises; and in emergency circumstances relating to reporting information about a crime.)
- Coroners, medical examiners, and funeral directors.
- Organ and tissue donation.
- Certain research projects.
- To prevent a serious threat to health or safety.
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
- National security and intelligence activities.
- Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
- Inmates. (Medical information about inmates of correctional institutions may be released to the institution.)
- Worker's Compensation. (Your medical information regarding benefits for work-related illnesses may be released as appropriate.)
- To carry out health care treatment, payment, and operations functions through business associates, *e.g.*, to install a new computer system.

5. **Your Authorization Is Required for Other Disclosures.** Except as described above, we will not use or disclose your medical information unless you authorize (permit) the Hospital in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.

6. **You Have Rights Regarding Your medical Information.** You have the following rights regarding your medical information, provided that you make a written request to invoke the right on the form provided by the Hospital:

- **Right to request restriction.** You may request limitations on your medical information we use or disclose for health care treatment, payment or operations (*e.g.*, you may ask us not to disclose that you have had a particular surgery), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- **Right to confidential communications.** You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.

- **Right to inspect and copy.** You have the right to inspect and copy your medical information regarding decisions about your care; however, psychotherapy notes may not be inspected and copied. We may charge a fee for copying, mailing and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed health care professional chosen by the Hospital. The Hospital will comply with the outcome of the review.
- **Right to request amendment.** If you believe that the medical information we have about you is incorrect or incomplete, you may request an amendment on the form provided by the Hospital, which requires certain specific information. The Hospital is not required to accept the amendment.
- **Right to accounting of disclosures.** You may request a list of the disclosures of your medical information that have been made to persons or entities other than for health care treatment payment or operations in the past six (6) years, but not prior to April 14, 2003. After the first request, there may be a charge.
- **Right to a copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice at our web site, <http://www.davishospital.com>

7. **Requirements Regarding This Notice.** The Hospital is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. The Hospital may change this Notice and these changes will be effective for medical information we have about you as well as any information we receive in the future. Each time you register at the Hospital for health care services as an inpatient or outpatient, you may receive a copy of the Notice in effect at the time.

8. **Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of the United States Department of Health and Human Services. *You will not be penalized or retaliated against in any way for making a complaint to the Hospital or the Department of Health and Human Services.*

Contact: Call Davis Hospital and Medical Center's Chief Compliance/Privacy Officer, Dave Mason, at 1600 West Antelope Drive, Layton, Utah 84041, 801-807-7655 if:

- **You have a complaint;**
- **You have any questions about this Notice;**
- **You wish to request restrictions on uses and disclosures for health care treatment, payment or operations; or**
- **You wish to obtain a form to exercise your individual rights described in paragraph 6.**



PATIENT RIGHTS AND RESPONSIBILITIES

Benefits quoted either verbally or written are not a guarantee of payment from your insurance company. Patients are advised to contact both their primary insurance company and secondary insurance company to be informed and aware of the necessary requirements for therapy. Secondary insurance companies are billed as a courtesy for the patient. Wasatch Peak Physical Therapy bills and collects all therapy accounts through Davis Hospital and Medical Center.

Patients who come to Wasatch Peak have the following rights and responsibilities:

- 1) Responsible to provide 24 hours notice of any cancellations.
- 2) Responsible to provide information about their health, current and past, and use of medication.
- 3) Responsible for asking questions when they do not understand information or instructions.
- 4) Responsible for being considerate of the needs of others, patients, staff and hospital.
- 5) Responsible for providing information for insurance purposes, and to arrange payment when needed.
- 6) Responsible for recognizing the effect of their lifestyle on their personal health.
- 7) The right to be considerate and respectful.
- 8) The right to be informed about their illness, treatment, and likely outcome.
- 9) The right to know the names and roles of people who treat them.
- 10) The right to consent or refuse treatment.
- 11) The right to privacy.
- 12) The right to expect that treatment records are confidential.
- 13) The right to review their medical records and have information explained.
- 14) The right to know if this facility has relationships with outside parties that may influence the treatment or care.
- 15) The right to consent or decline to take part in research.
- 16) The right to be told of realistic care alternatives when therapy is no longer appropriate.
- 17) The right to know about policies that affect them and their treatment.
- 18) The right to discuss ethical issues.
- 19) The right to an accurate bill and to timely resolutions of conflicts associated with the bill.
- 20) The right to voice concerns regarding any part of care that is received in this clinic.

Patient initials signifying they have received a copy of this form. _____ Date _____