

#### PURPOSE:

Physician Group of Utah (PGU), including IASIS Health Care and its Affiliates, its professional staff, employees and all of its other affiliated entities (referred to collectively, as Facility) follow the privacy practices described in this Notice. The Facility maintains your medical information in records that will be maintained in a confidential manner, as required by law. However, the Facility must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, the Facility may share your medical information as necessary for treatment, payment, and health care.



#### ORGANIZED HEALTH CARE ARRANGEMENT:

The Facility and its medical staff participate together in an organized health care arrangement to provide health care to you at the Facility. This Notice applies to physicians and other members of the Staff who have agreed to abide by its terms concerning the services they perform at the Facility. 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 Facility may share your medical information as necessary for treatment, payment, and health care operations.



#### WHAT ARE TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS?

Treatment includes sharing information among health care providers involved with 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 Facility may use your medical information as required by your insurer or HMO to obtain payment for your treatment and Facility visit. We also may use and disclose your medical information to improve the quality of care (e.g. for review and training purposes).

#### REQUIREMENTS REGARDING THIS NOTICE.

The Facility 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 Facility may change this Notice and these changes will be effective for medical information we have about you as well as any other information we receive in the future. Each time you register at the Facility for health care services, you may receive a copy of the Notice in effect at the time.



#### COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with the Facility 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 Facility or the Department of Health and Human Services.



#### CONTACT THE FACILITY'S REGIONAL COMPLIANCE AND PRIVACY OFFICER BY PHONE OR MAIL AT

PHYSICIAN GROUP OF UTAH,  
ATTN: COMPLIANCE AND PRIVACY OFFICER  
406 WEST SOUTH JORDAN PARKWAY, SUITE #500  
SOUTH JORDAN, UT 84095  
801-984-3400,  
IF:

- You have a complaint;
- You have any questions about this Notice; or
- You wish to obtain a form to exercise your individual rights described in section 6 of this Notice.

PGU004-0710

# Physician Group

OF UTAH, INC.

[www.PhysicianGroupUT.com](http://www.PhysicianGroupUT.com)



# 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 CAREFULLY



## HOW WILL THE FACILITY 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 a hospital chaplain or member of the clergy.
- Family members or close friends involved in your care or payment for your treatment.
- A governmental 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.
- Used (or disclosed to a business associate) for fundraising activities, but such information will be limited to your name, address, phone number, and the dates you received services at the Facility.
- 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 of recalls, infections 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 activities).
- Lawsuits and disputes (e.g., as required by a court or administrative order, or in response to a subpoena or other legal process).
- Law enforcement (e.g. in response to legal process or as required or allowed by law).
- Coroners, medical examiners, and funeral directors.
- Organ and tissue donation organizations.
- Certain research projects as approved by an Institutional Review Board.
- To prevent a serious threat to health or safety.
- To military authorities if you are a member of the armed forces.
- National security and intelligence activities.

- Protection of the President or other authorized persons or foreign heads of state, or to conduct special investigations.
- Inmates (medical information about inmates of correctional institutions may be released to healthcare providers or the infirmary at the institution).
- Workers Compensation (in compliance with applicable laws).
- To carry out health care treatment, payment, and operations functions through business associates (e.g., to install new computer system).
- Alcohol and drug abuse information has special privacy protections. The Facility will not disclose any information identifying an individual as being a patient or provide any medical information relating to the patient's substance abuse treatment unless (i) the patient consents in writing;(ii) a court order requires disclosure of the information; (iii)medical personnel need the information to meet a medical emergency; (iv) qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits, or program evaluation; or (v) it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.



## 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 Facility in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.



## 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 Facility:

- 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 look at and obtain a copy of your medical records, billing records, and other records used to make decisions about your care. We may charge you a fee for our costs to copy the information. Under limited circumstances, your request may be denied and you may request review of the denial by another licensed health care professional chosen by the Facility. The Facility 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 will have the right to request that your records be amended. The Facility may deny your request for amendment. If denied, you will receive an explanation for the decision and information explaining your options.
- Right to accounting of disclosures. You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom the Facility has disclosed your medical information without your written authorization. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. The Facility will not list disclosures made before April 14, 2003, or those made earlier than 6 years before your request. The first listing within any 12-month period.
- 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 our Notice at our website, <http://www.PhysicianGroupUT.com>.