

# CANYON RANCH RESORTS

Tucson, Arizona • Lenox, Massachusetts

canyonranch.com

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

## Notice Regarding Privacy of Protected Health Information

### Understanding Your Canyon Ranch Resort Health Record Information

This Notice Regarding Privacy of Protected Health Information (“Notice”) describes the privacy practices of CR Resorts, LLC (“Canyon Ranch”), with resorts located in Tucson, Arizona and Lenox, Massachusetts. Federal regulations developed under the Health Insurance Portability and Accountability Act (“HIPAA”) require that Canyon Ranch provides you with this Notice. The Notice describes (1) how Canyon Ranch may use and disclose your protected health information, (2) your rights to access and control your protected health information in certain circumstances, and (3) duties and contact information of Canyon Ranch.

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

- Ensure its accuracy and completeness.
- Understand who, what, where, why, and how others may access your health information.
- Make informed decisions about authorizing disclosure to others.
- Better understand the health information rights detailed below.

### I. Protected Health Information

“Protected Health Information” is health information created or received by your health care provider that contains personal information that may be used to identify you, such as demographic data. It includes written or oral health information that relates to your past, present, or future physical or mental health; the provision of health care to you; and your past, present, or future payment for health care. It includes information maintained or transmitted by electronic media or any other form or medium.

### II. The Use and Disclosure of Protected Health Information in Treatment, Payment, and Health Care Operations

Each time you visit a hospital, a physician, or another health and healing provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and plan for future care or

treatment. This information, often referred to as your medical record, may be used in the course of providing treatment, obtaining payment for treatment, and conducting health care operations.

*Treatment.* Canyon Ranch may use and disclose your protected health information in the course of the following:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care that you received.

*Payment.* When needed, Canyon Ranch will use or disclose your protected health information for the following:

- Means by which you or a third-party payer can verify actual services received and billed for.
- Requests by health insurance companies to demonstrate medical necessity, or for utilization review purposes.

*Health Care Operations.* Canyon Ranch may use or disclose your protected health information for management and administrative purposes, and to offer quality health care. This may include the following:

- Tool in medical education.
- Source of information for public health officials charged with improving the health of the regions they serve.
- Tool to assess the appropriateness and quality of care that you received.
- Tool to improve the quality of health care and achieve better patient outcomes.
- Accreditation, certification, licensing, or credentialing activities.
- Reviews and audits such as compliance reviews, medical reviews, legal services, and maintaining compliance programs.
- Business management and general administrative activities.

*Other Uses and Disclosures.* As part of treatment, payment, and health care operations, Canyon Ranch may also use or disclose your protected health information to: (1) remind you of an appointment or to schedule a phone appointment with one of our health professionals including leaving appointment reminder information on your telephone answering machine; (2) inform you of potential treatment alternatives or options; or (3) communicate with your physician and other health care professionals after you have left the care of our Canyon Ranch professionals.

### **III. Other Uses and Disclosures of Protected Health Information Without Your Written Authorization**

*Individuals Involved In Your Care or Payment for Your Care.* Unless you object, we may disclose your protected health information to a family member, a relative, a close friend, or any other person you identify, if the information relates to the person's involvement in your health care, to notify the person of your location or general condition or payment related to your

health care. In addition, we may disclose your protected health information to a public or private entity authorized by law to assist in a disaster relief effort. If you are unable to agree or object to such a disclosure, we may disclose such information if we determine that it is in your best interest based on our professional judgment or if we reasonably infer that you would not object.

*Public Health Activities.* We may disclose your protected health information to a public health authority that is authorized by law to collect or receive such information, such as for the purpose of preventing or controlling disease, injury, or disability; reporting births, deaths or other vital statistics; reporting child abuse or neglect; notifying individuals of recalls of products they may be using; or notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.

*Health Oversight Activities.* We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, accreditation, licensure, and disciplinary actions.

*Judicial and Administrative Proceedings.* If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to your authorization or a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process if such disclosure is permitted by law.

*Law Enforcement.* We may disclose your protected health information for certain law enforcement purposes if permitted or required by law. For example, to report gunshot wounds; to report emergencies or suspicious deaths; to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes.

*Research Purposes.* Your protected health information may be used or disclosed for research purposes, but only if the use and disclosure of your information has been reviewed and approved by a special Privacy Board or Institutional Review Board, or if you provide authorization.

*To Avert a Serious Threat to Health or Safety.* We may use and disclose your protected health information when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. Any disclosure, however, would be to someone able to help prevent the threat.

*Military and National Security.* If required by law, if you are a member of the armed forces, we may use and disclose your protected health information as required by military command authorities or the Department of Veterans Affairs. If required by law, we may disclose your protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by law. If required by law, we may disclose your protected health information to authorized federal officials so that they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations.

*Workers' Compensation.* We may use or disclose your protected health information as permitted by laws relating to workers' compensation or related programs.

*Special Rules Regarding Disclosure of Psychiatric, Substance Abuse, and HIV-Related Information:* For disclosures concerning protected health information relating to care for mental health conditions, substance abuse, or HIV-related testing and treatment, special restrictions under state law may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant, or other legal process unless you sign a special authorization or a court orders the disclosure. If you are treated in a specialized substance abuse program, the confidentiality of alcohol and drug abuse patient records is protected by additional federal law and regulations.

*When We May Not Use or Disclose Your Protected Health Information.* Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing, and disclosures that would be considered a sale of protected health information require your written authorization. If you provide us authorization to use or disclose protected health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures that we have already made in reliance on your authorization.

#### **IV. Your Rights under the Federal Privacy Standard**

Although your health records are the physical property of the health care provider who completed it, you have the following rights with regard to the information contained therein:

- Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations. “Health care operations” consist of activities that are necessary to carry out the administrative and management duties of the providers. We do not, however, have to agree to the restrictions unless the disclosure is to a health plan for a payment or health care operation purpose and the protected health information relates solely to a health care item or service for which we have been paid out-of-pocket in full. If we do, we will adhere to it unless the information is necessary to provide you with emergency treatment, you request otherwise, or we give you advance notice. The right to request restriction does not extend to uses or disclosures permitted or required under the following sections of the federal privacy regulations: § 164.502(a)(2)(ii) (certain disclosures required by the U.S. Department of Health & Human Services), 164.510(a) (for facility directories, but note that you have the right to object to such uses), or 164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include, for example, those required by law, such as mandatory communicable disease reporting.
- You may also ask us to communicate with you by alternate means, and if the method of communication is reasonable, we must grant the alternate communication request. You may request restriction or alternate communications for treatment, payment, and health care operations.

- Obtain a copy of this notice of privacy practices. Although we have posted a copy in prominent locations throughout the facility and on our website, you have a right to a hard copy upon request, even if you have agreed to receive the notice electronically.
- Inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:
  - o Psychotherapy or counseling notes. Such notes consist of those notes that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing a conversation during a private, group, joint, or family counseling session and that are separated from the rest of your medical record.
  - o Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
  - o Protected health information (“PHI”) that is subject to the Clinical Laboratory Improvement Amendments of 1988 (“CLIA”), 42 U.S.C. § 263a, to the extent that giving you access would be prohibited by law; or exempt from CLIA regulations pursuant to 42 C.F.R. § 493.3(a)(2).
  - o Information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.

In other situations, we may deny you access, but if we do, we must provide you a review of our decision denying access. These “reviewable” grounds for denial include the following:

- o A licensed healthcare professional, such as your attending physician, has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person.
- o PHI makes reference to another person (other than a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
- o The request is made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that giving access to such personal representative is reasonably likely to cause substantial harm to you or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within a reasonable period of time. If we deny you access,

we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies, whether in paper or electronic form.

- Request amendment/correction of your health information. We do not have to grant the request if the following conditions exist:
  - o We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If the party amends or corrects the record, we will put the corrected record into our records.
  - o The records are not part of a designated record set maintained by Canyon Ranch.
  - o The records are not available to you as discussed immediately above.
  - o The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can register a concern. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.

- Obtain an accounting of non-routine uses and disclosures of protected health information, those other than for treatment, payment, and health care operations. We also do not need to provide an accounting for the following disclosures:
  - o Disclosures of protected health information to you.
  - o Disclosures incident to a use or disclosure otherwise permitted or required under § 164.502 of the federal privacy regulations.
  - o Disclosures pursuant to certain authorizations under § 164.508 of the federal privacy regulations.
  - o Disclosures as part of a limited data set as provided under § 164.514(e) of the federal privacy regulations.
  - o For the facility directory or to persons involved in your care or for other notification purposes as provided in the federal privacy regulations.

- o For national security or intelligence purposes under § 164.512(k)(2) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
- o To correctional institutions or law enforcement officials under § 164.512(k)(5) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
- o That occurred before April 14, 2003.

We must provide the accounting within 60 days. The accounting must include the following information:

- o Date of each disclosure.
- o Name and address of the organization or person who received the protected health information.
- o Brief description of the information disclosed.
- o Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization or a copy of the written request for disclosure.

The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

## **V. Our Responsibilities under the Federal Privacy Standard**

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to take the following measures:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- Abide by the terms of the notice currently in effect.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/ confidentiality or our policies with regard thereto.
- Notify you following a breach of your unsecured protected health information.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

**WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL PROTECTED HEALTH INFORMATION THAT WE MAINTAIN.**

## **VI. How to Get More Information or to Report a Problem**

If you believe your privacy rights have been violated, you have the right to forward complaints to the Secretary of the Department of Health and Human Services. Complaints may be provided verbally or in writing. Complaints or questions may also be directed to our privacy officer. You will not be penalized for filing a complaint. If you have questions and/or would like additional information, you may contact the privacy officer at the following address and telephone number:

**Canyon Ranch Resorts  
8600 E. Rockcliff Road  
Tucson, Arizona 85750  
ATTN: Privacy Officer**

**Telephone: (520) 749-9655, ext. 4124**

Effective date: August 17, 2015